HANDSWORTH

URBAN DISTRICT.

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REPORT

ON THE

Sanitary Condition of the District

FOR THE

Year ended December 31st, 1907,

BY

ROBERT A. LYSTER,

M.B., Ch.B., B.Sc., D.P.H.,

Medical Officer of Health,

Fellow of the Incorporated Society of Medical Officers of Health.

BIRMINGHAM:
ALLDAY LTD., 128-130, EDMUND STREET.
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HEALTH DEPARTMENT,
COUNCIL HOUSE,
HANDSWORTH

TO THE

URBAN DISTRICT COUNCIL OF HANDSWORTH IN THE COUNTY OF STAFFORD.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to present to you my Report upon the Sanitary Condition of the District during the year 1907.

The more important matters to which I wish particularly to direct attention are as follows:

1. The inadequate accommodation provided for this Department. Every other Department of this Council appears to be at all events moderately accommodated, whereas the whole of the routine work of the Health Department has to be carried out under conditions that must necessarily tend to prevent the best possible work being done. The present accommodation in the Department consists of one small room, measuring 14 feet 10 inches in length, 12 feet 10 inches in breadth, and 12 feet in height. A considerable proportion of the available space is filled up by cupboards, book cases, desks and counter. This is all the accommodation that is provided for four people, viz.:—Medical Officer of Health, Chief Inspector, Assistant Inspector and Clerk, and it is obviously unsuitable. The only telephone that we have for our use is in this room where there are often several people waiting at one time to interview me or the Inspectors. Some of our work necessitates communications of a rather private nature so that the public character of our one room is a great hindrance.

   I consider that there should be three rooms available for the Public Health Department if the work is to be carried on under proper conditions, but one additional room is absolutely indispensable. It is greatly desirable that the two or three rooms should be *en suite*.

2. The Health Committee decided in September last to increase the Staff of the Department by appointing a clerk. The advantages resulting from such an appointment are obvious, as the Department is thereby enabled to deal properly with its correspondence, records, filing, etc., and general routine office work, which had been practically impossible previously. Another result of this work has been the increased amount of time at the disposal of the Inspectors for their particular duties. It has therefore to some extent met the difficulty that I referred to in my Report of last year, but it does not appear to be likely that it will be possible to accomplish the necessary sanitary work much longer with the present staff.

3. *Hospital Accommodation.*

The position of this district with regard to hospital accommodation is the same as last year, and it is therefore again my duty to advise the Council that its provisions against such an emergency as a serious epidemic are inadequate. A site has now been set aside for a new isolation hospital. This site consists of five and a half acres of land acquired for cemetery purposes. At the request of the Health Committee this amount of land was reserved for the building of an Isolation Hospital.

4. *Consumption and Cancer.*

It it very desirable that the public should be educated to regard these diseases as communicable from a patient to a healthy person, and during the past year it has been the practice to offer disinfection of the premises in all cases of these diseases where death has occurred. It was found, however, that in some cases the offer of this Department caused some surprise because the doctor in attendance on the case had not mentioned the desirability of disinfection. The following letter was therefore addressed to all medical men in the neighbourhood:—

> "For some time I have been trying to get systematic disinfection of room and bedding, etc., in all cases of deaths from tuberculosis and cancer, as I feel convinced that if this became general it would tend to decrease the serious mortality from these diseases. My efforts, however, have been greatly hindered by

> the fact that in many cases the doctor in attendance has not mentioned to the relatives that any disinfection would be desirable, and also by the fact that we often do not hear of the occurrence of these deaths until some days after the funeral has taken place. The result is that when these houses are visited and disinfection advised the people are somewhat surprised, not only because disinfection is being suggested, but also because it is being suggested so late.
>
> "It would be a great advantage if the doctor in attendance suggested to the relatives that they should apply to this Department for proper disinfection following the death of any person from tuberculosis or cancer. If you can help me in this way it will be a considerable advantage to the District from a public health point of view, and I shall also be personally indebted to you."

The response to this letter was very gratifying, and many of the medical men wrote to me promising their hearty co-operation with the scheme. Unfortunately there are still some houses where disinfection can only be carried out after much persuasion, and it is probable that some time will elapse before the whole of the general public are sufficiently enlightened to have disinfection in every case.

5. *Development of the District.*

It is extremely gratifying to find that my remarks in the Annual Report for 1906 met with such hearty approval. Unfortunately, however, mere approval of a scheme of proper local control will not suffice to prevent further irreparable damage to the District at the hands of the jerry-builder. Long lines of houses are still being run up which, owing to their construction and situation, are practically certain to develop into slums and be a public danger in the future. The subject appears to me to be of so urgent a character as to justify me in repeating some of my remarks in my Report for 1906. It is a deplorable fact that undesirable and unhealthy sites are attractive to the maker of ground rents on account of their low price, and houses that are erected on these and other sites only just fulfil the bare requirements of the local bye-laws. Partly owing to the bad state of repair into which these houses rapidly fall, and partly owing to the special situation of some of such houses, there are now parts of the District rapidly degenerating into slums. With the present systems of road and house planning and construction this is inevitable. It is difficult to picture anything more drearily monotonous than the average new road built up with the rows of modern small houses. Hundreds of houses of precisely the same pattern line both sides of the road. Soon after their first "newness" is worn off they often begin to get out of repair. Voids then occur and rents are lowered to attract new tenants, and eventually the houses are inhabited by a filthy class of tenants who live under just as undesirable conditions as in the old-fashioned slum of a large town. It is obviously to the interests of the District that these "slum makers" should be kept out, as a large proportion of the cases of infectious diseases occur among them. Moreover the children of such people give an infinite amount of trouble to the schools on account of their general filthiness, and it is unreasonable to force the clean children of other people to run not only the possible risk of contagion, but the more probable one of acquiring vermin by personal contact.

Fortunately in the case of our own District it is not too late to apply a remedy. A large proportion stills remains unbuilt upon, and there is yet time to save the reputation of Handsworth as an ideally situated residential district. In order to do this it would be necessary to seek additional powers in the direction of town planning. Some towns have already obtained very considerable powers in this respect. Local Authorities should be in the position to be able to criticise the plans of those who are about to develop estates, and such plans should be considered both from the point of view of the whole district and the neighbouring estates as well as the estate itself. The present haphazard system of development is disastrous to the public health and convenience, and is often eventually ruinous to the public purse.

Local Authorities, at present, usually have power only to harass the owners of estates about petty details of buildings instead of controlling them on general principles. Power should be obtained to restrict the number of houses per acre, and to provide for open spaces. It is only by acquiring such control that we can hope to maintain or improve upon our present enviable position as regards the death-rate and the general health. The present time is opportune, but the existing evil is spreading, and unless immediately checked it will cause a rapid deterioration in health.

Another matter upon which additional powers are necessary is the control of small buildings erected in the neighbourhood of existing buildings. These are a source of considerable trouble both to the Surveyor's Department and the Health Department, and are likely to cause still more worry unless they can be controlled with greater firmness than is possible at present. It is interesting but extremely annoying to be able to trace the gradual evolution of some undesirable stable from a preliminary stage of four poles and a loose roof to its present state. Such erections should always be judged from the point of view of what they may develop into rather than their alleged immediate use.

Many new houses have been erected in the past where the pantry accommodation is defective. From a public health point of view it is desirable that the District should possess the necessary powers to insist upon the provision of adequate and satisfactory pantry accommodation. Other important matters are provision for the storage of coals and the reception of ashes. It is quite common to find houses where the inhabitants are compelled to keep the coals in the place provided for ashes, and consequently the ashes and refuse get scattered about the premises.

6. *Poor Law Administration.*

The old problem of poor law administration is constantly brought before all medical officers of health. In their ordinary work they frequently meet genuine cases of need, and in still more instances they have such cases reported to them. Unfortunately, however, they can usually do nothing officially. Both friendly suggestions and simple reports appear to cause irritation and resentment on the part of relieving officers and all officials connected with the poor law administration. One would imagine, from common sense principles, that there should be the closest intimacy between the public health organisation and the poor law work; in fact it is obvious to those people who have given time and attention to the subject that public health and poor law work should be practically one public department. But at present it is impossible to imagine any two departments more isolated from each other, and the public good must continue to suffer until they are brought together.

The machine-like methods adopted in poor law administration are resulting in the overcrowding of workhouses, and have increased rather than diminished pauperism. It not only, in many cases, robs the poor of the little self-respect, courage, and independence that the stress of circumstances has left to them, but it also makes permanent paupers of many who, with a little outside assistance, would soon be able to hold up their heads before the world. Wise and humane discrimination is the essential part of successful charitable effort, and the public charity which treats all cases alike is as unwise as the private generosity which gives to all cases, whether deserving or not. The present poor law methods appear to have fostered a grovelling and shifty spirit among the poor, because it is found that such characteristics are the surest passports to assistance, while the few who have preserved their original sturdy independence, and who constitute the very best type of the poor, regard the whole system with very obvious horror.

My reason for introducing this subject into a health report is that it is inseparably connected with the public health. Poverty and disease work on each other in a vicious cycle. Among the poor there is a vast amount of infectious illness continually present. Many of such cases remain unreported, untreated, and practically unknown. They serve, however, as a continual and ever-present focus for the spread of such diseases among the general public. There is thus constituted a most grave public danger. The only possible way to remove such a danger is to devise improved and more easily available means for treating these cases. Treatment and prevention are inseparably associated in practically all diseases. The one is essentially the complement of the other. By adequately providing for the early recognition and the proper treatment of all disease, an almost incredible improvement in the public health would rapidly result. The mere existence of disease, altogether apart from any consideration as to whether it is accompanied by destitution or not, should be sufficient to ensure proper medical treatment, if the public are to be relieved of the ever-present dread of the sudden and rapid spread of infection.

As a typical illustration of the great waste of money entailed by the present methods of poor law administration, I may mention a case that occurred in this District. Two cases of scarlet fever occurred in a family of six children. The mother was a widow with no income. There was sufficient room in the house for the proper isolation of the cases, and they could have been nursed at home if a little help could have been obtained. Every possible effort was made to get assistance from the poor law authorities but without success, and the cases were removed to the Isolation Hospital. Nine days later two more children had to be removed, and ten days later still another two. The total cost to the District for the treatment of these cases was £55, whereas a total allowance of £5 or even of food only would certainly have prevented this unnecessary expense. This is a single instance. The sacrifice of life, health, and money resulting from the untreated cases of disease is beyond estimation.

For ordinary cases requiring relief every one agrees that the closest investigation should always be made in order to separate the deserving case from the parasitic type that is unfortunately so common. But no such investigation should be required in cases of disease. In such instances it is not the individual but the public good that should be considered, and it is of urgent public importance that all such cases should be treated without one moment's delay. Only by such methods will a successful attempt be made to check the continual spread of disease.

7. *Death Registration.*

Another reform that is extremely desirable in the interests of public health and safety is in connection with the registration of deaths. The present system is merely a mockery, and results in the most extraordinary occurrences. A single instance will illustrate this. Among the death returns sent to me was a case of "membranous croup." This disease is now regarded as diphtheria, and the registration naturally attracted my immediate attention. Upon making enquiry I found that the child had died suddenly without being attended by a doctor. The case was reported to the Coroner by the doctor who was called in after death had taken place. This doctor was not asked to give a certificate and no inquest was held. From the parent's statement it appears that, in consultation with the Registrar, he selected "membranous croup" as the cause of death, after referring to lists of diseases. If a less important cause of death had been selected the case would probably have remained undiscovered, and the incident serves as an excellent illustration of the absurdity of the whole system. In the above case no particular person was responsible for the farcical registration, as it was merely the natural result of the present method. A vast amount of time and energy is being expended, by medical officers of health all over the country, in classifying the causes of death and in drawing inferences from the results thus obtained. The value of these results cannot be very great so long as the present haphazard method of registration is possible. In the interest of their health and safety the public should demand a revision of the whole system, and no registration should be accepted without a certificate from a medical man.

8. *School Hygiene.*

In August the Chairman of the Health Committee (Councillor W. C. Channing) and the Medical Officer of

Health attended the International Conference on School Hygiene in London. A report was afterwards issued by them. There can be no doubt whatever as to the great value of such conferences to all who are engaged in public work. In 1908 the medical inspection of school children will be compulsory, and the Board of Education have wisely decided that the work must be in the hands of the Medical Officer of Health. To attempt to do the work independently of the Health Department and the Medical Officer of Health would result at once in endless friction and the reduplication of a great deal of the work. A special part of the present Report refers to this work (see pages 47–58).

9. *New Acts.*

In addition to the Act rendering compulsory the medical inspection of school children—an Act that has been described as "the children's charter"—two important measures have been passed. These are the Notification of Births Act and the Public Health Acts Amendment Act.

The Notification of Births Act provides for the earlier notification of births. Up to the present time births have had to be registered at the Registrar's office within six weeks of their occurrence. By means of making special payments for such work Local Authorities have been able to get copies of these registered births from the Registrar within a week of their registration. This has meant that in many cases the child is nearly seven weeks old before the Medical Officer of Health is acquainted with the fact of its birth. A very large percentage of the children die before reaching this age, and so it is obviously too late to do anything in these cases. In other cases the children have not been killed, but have been permanently injured by the neglect and ignorance that are such common causes of infantile mortality.

The present Act directs that the father of the child shall give notice of the birth in writing to the Medical Officer of Health of the district in which the child is born. This notice shall be given by posting a letter or postcard addressed to the Medical Officer of Health within thirty-six hours after the birth. In default of the father of the child doing this the obligation falls upon any person in attendance upon the mother at the time of or within six hours after the birth. In the event of the other people failing to notify the obligation falls upon the medical practitioner in attendance upon the case. It is unfortunate and certainly very unfair that medical practitioners should be obliged to notify these cases without fee, and such compulsion compares very curiously with the liberal payments that have been made by Local Authorities to Registrars for supplying weekly copies of the lists of registered births and deaths. It compares also very curiously with sections 53 and 58 of the Public Health Acts Amendment Act, 1907, which specially direct that payment should be made to certain persons for supplying some simple information in the interests of the public health.

The above notification of the birth is to the Medical Officer of Health, and is in addition to, and not in substitution for, the registration of the birth in the ordinary way. The births of still-born children have to be notified to the Medical Officer of Health under this Act.

The passing of this Act represents the first and the most essential step towards the reduction of the terrible infantile mortality. Its immediate result will be that the Medical Officer of Health will become acquainted with all births in the district within thirty-six hours of their occurrence. An organised system of visitation and instruction can then be carried out with some hopes of success, and the general adoption of this Act should result very quickly in a considerable diminution in the infantile mortality.

The Public Health Acts Amendment Act represents the most important advance in public health legislation since the passing of the great Act of 1875. It may be briefly described as a summary or compilation of the more important Local Acts in existence in different parts of the country. The more important clauses and sections of these Acts, and especially those which have been found to be particularly useful in special districts have been welded together into the present Act. The Local Acts above referred to have been obtained by large towns at considerable trouble and expense, and the passing of the present Act is, therefore, an inestimable boon to those towns which up to the present time have not felt justified in involving themselves in the expenditure that is necessary to obtain a Local Act. Such districts have, up to the present, been compelled to content themselves with more or less unsatisfactory bye-laws. By adopting selected clauses of this Act such districts will find a proportion of their bye-laws unnecessary because the Act in many cases goes farther, and is much more definite than any of the ordinary bye-laws.

10. The facts and figures concerning infectious diseases in the District are given elsewhere. The District is to be congratulated upon its extraordinary immunity from Scarlet Fever during the year. Very large numbers of cases have been recorded in Birmingham and Smethwick, and at West Bromwich the cases have exceeded 750. In Handsworth the number of cases has been only 216.

11. Important matters connected with the control of new buildings are discussed on pages 29 and 30. It is quite impossible to exaggerate their importance from a public health standpoint.

12. The District is to be congratulated upon having had during 1907 its lowest recorded death-rate, viz.:—10·0.

13. It gives me very great pleasure to record the continued loyalty and devotion of the Staff of this Department. Such a report of work done would have been impossible without their enthusiastic help at all times.

Lastly it should be unnecessary for me to point out that money wisely spent in improving the public health, although it neither bears interest nor contributes directly to the relief of the rates, yet it yields an abundant return in the increased well-being of the people, and in happier, healthier, and longer lives, and will, moreover, relieve the rates ultimately, by steadily decreasing the number of those unfortunates who are handicapped in life's struggle by diseased, unhealthy, or undeveloped bodies or minds, and who are continually joining the ranks of the pauper or the criminal classes.

I am, Gentlemen,

Your obedient Servant,

ROBERT A. LYSTER.

ANNUAL REPORT

of the Medical Officer of Health to the Urban District Council of Handsworth, Staffordshire, for the year 1907.

PHYSICAL FEATURES OF THE DISTRICT.

The area of Handsworth is 3,665 acres according to the Ordnance Survey. From a health point of view its situation is an unusually good one, its height above the sea level varying from 570 feet (Holyhead Road) to 300 feet (Witton Road), whilst its subsoil consists mainly of sand and gravel.

The streets are kept in excellent condition and the sidewalks are mostly paved. The District is well supplied with gas and electricity. The water supply is abundant and of first-rate quality.

VITAL STATISTICS.

I.—POPULATION.

The population at the middle of the year is estimated to have been 69,122, giving a density of population of 18·85 per acre. The rateable value of the District in April, 1907, was £284,093.

The rapidity with which the District has grown is shown by the following figures :—

Census 1871 ...	Pop. 14,947 ...	Houses 2,790 ...	Persons per house	5·36
,, 1881 ...	,, 22,896 ...	,, 4,801 ...	,, ,,	4·77
,, 1891 ...	,, 32,756 ...	,, 6,771 ...	,, ,,	4·837
,, 1901 ...	,, 52,921 ...	,, 11,060 ...	,, ,,	4·785
Estimated 1907 ...	,, 69,122 ...	,, 15,102 ...		

It was estimated that 775 houses were void at the middle of the year.

The population in the several wards was assumed to be as follows:—

	Population.	Houses.	Void.	Acreage.
Birchfield	15,696	3,273	184	1,137
Heathfield	9,864	2,075	91	230
Murdock	12,987	2,618	159	333
Sandwell	17,788	3,731	178	1,560
Soho	12,787	2,630	163	402
	69,122	14,327	775	3,662

There are few manufactories in Handsworth, the largest factory (Kynoch's) being near the Aston boundary draws its employés mainly from Aston. There is only a limited communication between Handsworth and Smethwick among the population of school age; on the other hand the circulation among this population is active and constant between Handsworth and Birmingham and Aston. As a result the Notifications of Infectious Disease in Handsworth agree more closely with those in Aston and Birmingham than with those in Smethwick.

II.—BIRTHS.

One thousand five hundred and sixteen births were registered in the District during the year—768 males and 748 females. The birth-rate per 1,000 for the year was 21·9. The rate last year was 22·6. The average for the years 1891–1901 was 25·7. The birth-rate in England and Wales in 1907 was 26·3, while in the 76 large towns it was 27·0. This represents a decrease of ·7 per thousand in the birth-rate of Handsworth compared with last year. The composition of the population of this District is such that the birth-rate should compare favourably with the average for the whole country instead of being 4·4 below, and 5·1 below the average for the 76 large towns. In order to prevent this continually decreasing birth-rate having an immediately serious effect upon the population of the country, it is necessary to devote further efforts to lessen the terrible annual sacrifice of life among infants.

The births were distributed in the various wards as follows:—Birchfield 375, Heathfield 150, Murdock 376, Sandwell 432, Soho 183. The birth-rates per thousand of the estimated population of the several wards were, therefore:—Birchfield 23·9, Heathfield 15·2, Murdock 28·9, Sandwell 24·2, Soho 14·3. Compared with last year the number of births in Birchfield, Murdock, and Sandwell wards have increased, while in Heathfield and Soho wards there has been a decrease.

III.—DEATHS.

Six hundred and ninety-three deaths of residents occurred during the year—347 males and 346 females. Of these 626 were registered in the District, 23 occurred in the West Bromwich Union Workhouse, and 9 in the County Lunatic Asylum. Thirty-five deaths occurred at Hospitals in Birmingham, viz., 25 in the General Hospital, 2 in the Queen's Hospital, 4 in the Children's Hospital, 1 in the Homœopathic Hospital, 2 in a private hospital, and 1 in the Workhouse Infirmary. Coroners' inquests were held in 34 cases, *i.e.*, in 4·9 per cent. of the total number. The cause of death was not certified in 8 cases, *i.e.*, in 1·2 per cent. of the whole number. It is satisfactory to have to record a decrease in the number of uncertified deaths.

The death-rate was 10·0. The death-rate was 11·1 in 1906. The average death-rate in the years 1897–1906 was 12·0. This death-rate (10·0) is the lowest ever recorded in Handsworth, being even lower than that of 1905, which was based upon a probably over-estimated population. The population of 1907 has been very carefully estimated and the result is probably correct.

Although 10·0 represents a very satisfactory death-rate when it is compared with the average of the whole country, yet it must be remembered that Handsworth, by virtue of its low birth-rate and also because of the special composition of its population, should have a considerably lower death-rate than the average.

The death-rate in 1907 in England and Wales was 15·0. In England and Wales, excluding the 218 towns, it was 14·7. In the 76 large English towns it was 15·4, and for the 142 smaller towns it was 14·5.

In Table A the birth-rate and death-rate for 1907 are compared with those of preceding years.

TABLE A.

Years.	Population Yearly.	Births Yearly.	Birth-rate per 1,000 Yearly.	Deaths Yearly.	Death-rate per 1,000 Yearly.
10 Years 1871-80	18,722	611	32·7	280·5	15·2
10 Years 1881-90	27,610	175·4	28·2	359·5	13·2
10 Years 1891-1900	40,445	939·2	27·6	514·3	12·6
1901	53,000	1,403	26·4	724	13·7
1902	56,141	1,392	24·8	627	11·1
1903	59,000	1,451	24·6	642	10·9
1904	61,500	1,436	23·4	754	12·2
1905	65,249	1,483	23·0	661	10·13
1906	66,276	1,500	22·6	740	11·1
1907	69,122	1,516	21·9	693	10·0

IV.—AGES AT DEATH.

Infantile Mortality.—The number of deaths at ages under one year was 153, giving a mortality per 1,000 births registered during the year of 100. In 1906 it was 120, and 80 in 1905. The average infantile mortality in the years 1891–1900 was 135. The corresponding figures for previous years are given in Table B.

The infantile death-rate in England and Wales in 1907 was 118. In England and Wales, less the 217 towns, the infantile death-rate was 106. In the 76 large English towns it was 127. In the 142 smaller towns it was 122.

The deaths of infants occurred in the several wards as follows:—Birchfield 30, Heathfield 14, Murdock 41, Sandwell 51, Soho 17.

TABLE B.

Years.	No. of Births Yearly.	Number of Deaths under one Year, Yearly.	Deaths per 1,000 Births Yearly.
10 Years 1871-80	611	73	119
10 Years 1881-90	775·4	94·1	120
10 Years 1891-1900	939·2	146·3	135
1901	1,403	183	129
1902	1,392	150	108
1903	1,451	148	102
1904	1,436	192	133
1905	1,483	119	80
1906	1,500	181	120
1907	1,516	153	100

The infantile death-rates for the several wards may now be compared with the figures for 1897–1906.

	1907.	1906.	Average Yearly. 1897-1906.
Birchfield Ward	80	141	125
Heathfield ,,	93	151	116
Murdock ,,	109	130	152
Sandwell ,,	118	103	109
Soho ,,	92	77	104

Of the 153 infants who died, 56, or 36 per cent., died within a fortnight of birth; and 87, or more than half, died before they reached 3 months old. At ages below 5 there were 213 deaths, 30 per cent. of the whole number; whilst at ages above 65, there were 201 deaths, nearly 30 per cent. of the whole; so that the deaths of children under 5 years and adults over 65 years account for nearly 60 per cent. of the total deaths.

V.—THE CAUSES OF DEATH.

Infantile Mortality, according to the Causes of Death.—The 153 deaths were due to the following causes:

		Males.	Females.	Total 1907.	Total 1906.
1.	*Diarrhœa*, including gastro-enteritis	8	4	12	54
2.	*Diseases of Development*, premature birth, &c....	31	24	55	44
3.	*Debility, Atrophy, Inanition* ...	10	6	16	20
4.	*Diseases of Respiratory System* ...	24	8	32	10
5.	*Epidemic Diseases* (other than Diarrhœa)	7	5	12	19
6.	*Convulsions and Meningitis* ...	4	9	13	19
7.	*Tubercular Diseases*	2	1	3	2
8.	*Diseases of Digestive System* (other than Enteritis)	0	0	0	2
9.	*Suffocated in bed*	2	2	4	1
10.	Other causes	5	1	6	10
	Totals ...	93	60	153	181

Of the 153 infants, 56 having died within fourteen days after birth, in cases where death was due to prematurity or some congenital defect, enquiry was not made as to feeding Of the remaining 97, 33 were fed at the breast, 62 were brought up by bottle, and 2 were both breast-fed and hand-fed. Of the 12 children who died of diarrhœal diseases, only 2 were breast-fed.

On the important subject of the care and feeding of infants, a leaflet drawn up in simple language is given by the Registrar of the District to every person who registers the birth of a child. Copies may be obtained gratis at the office of the Sanitary Inspector at the Council House. The first print of the leaflet having been used up, it was re-written and re-printed during 1907.

Figures showing the rate of infantile mortality are from time to time given to the public and are usually such as to produce considerable sensation for a time. About one-fourth of all the deaths are of children under one year. There are usually about 120,000 deaths in England and Wales every year among children under one year old; about 30,000 of these die during the first six weeks of life and another 30,000 during the following six weeks. In large towns the average rate is such that out of every thousand children that are born, between one and two hundred die before the end of the first year. The causes of this huge mortality are usually stated to be:—

- (1) On the part of the mother:
  - (*a*) Deficient food or more commonly improper food. The small income is often wasted in buying food of small nutritive value.
  - (*b*) Employment of the mothers in industries.
  - (*c*) Alcohol.
- (2) On the part of the child:
  - (*a*) Improper feeding. It has been shown conclusively that bottle-fed children are about 30 times more liable to die than breast-fed children.
  - (*b*) Neglect and dirt.
  - (*c*) Indiscriminate use of drugs.

All these causes can be summed up in one word—Ignorance. For over 30 years compulsory education has been tried in this country without apparently increasing the intelligence of the parents or, to any great extent, the health of the offspring. The explanation is that we have lost sight of the essentials of education. Surely the most essential part of education should be a knowledge of the care of the body, the simple means of maintaining health, the avoidance of ill-health and disease, and the care of the children.

It is only by improving educational methods and making people really interested in themselves and their children that improvement in infantile mortality can be brought about. Improvement in sanitary conditions in towns and the surroundings of people can never bring about more than a very slight decrease in infantile mortality. It is often stated that people cannot be made temperate by Act of Parliament. It is much more true to say that people cannot be made healthy by Act of Parliament or by beneficial bye-laws of towns. Many people, put into sanitary houses, amid the best of surroundings, will live in a most disgusting way, and the health of infants reared by them is very little better than in the worst slum of a town.

The neglect of essentials in our educational system was attributed by many of the delegates at the recent Hygiene Conference to the fact that our education has been so long directed by graduates of the older Universities, the majority of whom are notoriously ignorant of the most elementary principles of science, and are therefore incapable of understanding or realising the importance of the science of Hygiene. Non-essential subjects are being piled into the already overloaded time table, and when it is suggested that such essential subjects as the health and the care of the children should be taught the teachers exclaim: "How can we find time for them?" The only way will be to severely prune and cut down the present list of subjects and restrict ourselves to essentials.

The good lady's contention that she was fully qualified to have the care of children because she had already buried fourteen of her own might be paralleled by the present day "educational experts" who, as proof of their knowledge and of the success of their system, might claim:

(1) That a large percentage of children are permanently injured and handicapped for life by the present school conditions.

(2) That most children leave school in appalling ignorance of such essential matters as the care of their own health and the proper care of children, and

(3) That the average child leaves school with a smattering of a variety of non-essential subjects which it forgets altogether soon after its school life is finished.

We have got into a narrow mechanical way of teaching, probably owing to the antiquated ideas of inspectors. The teaching of hygiene must be on sound practical lines. If it is to be taught on lines similar to those adopted in the case of ordinary elementary school subjects—Grammar, Geography and History—it will be useless. In present day teaching there is an absurd lack of appreciation of the necessity for knowledge to be available and applicable to every-day life. There is a ridiculous reverence for the antique in education. If hygiene is properly taught in schools the constant opportunity to use such knowledge would prevent it being forgotten. Can we say as much of the present educational equipments of the average elementary school child?

Boys should be taught the whole of these subjects as well as girls. The feminine mind is notoriously conservative, and often, although girls may be thoroughly taught the care of home and children, yet when they are married and have homes of their own, they will always tend to manage the houses and children on exactly the same lines as their mothers before them. The advice of the grandmother or of an elderly neighbour appears to have an irresistible fascination for the average young mother. If boys are taught all these subjects it is probable that when they have homes of their own many of them will insist upon improved methods and ideas being used.

Probably the only entirely successful method of reducing infantile mortality will be the proper education of the children in the schools, but the effect of such education will only be completely realised by the next generation. Meanwhile educational work must be attempted among the present parents. Educational efforts of this kind have been severely handicapped by the fact that a birth is usually registered about six weeks after its occurrence and by that time a large percentage of the children are either dead or are so injured by their ignorant parents as to increase the death-rate a little later.

Epidemic Diseases.—The seven chief Epidemic diseases caused 52 deaths, giving an Epidemic death-rate of ·75.

The Epidemic death-rate in 1907 in England and Wales was 1·26, in England and Wales (less the 217 towns) it was ·91, in the 76 great towns it was 1·54, and for the 142 smaller towns it was 1·29.

Table C on page 60 compares the number of deaths from each of the seven chief Epidemic diseases with the deaths of previous years.

In the following table the death-rate of each of the foregoing Epidemic diseases is compared with those of former years.

TABLE D.

Diseases.	1876-80.	1881-85.	1886-90.	1891-95.	1896-1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.
Smallpox	·00	·11	·00	·14	·00	·00	·00	·00	·00	·00	·00	·00
Scarlatina ...	·57	·33	·09	·08	·10	·15	·14	·22	·08	·04	·07	·03
Measles	·11	·24	·18	·16	·21	·23	·18	·14	·05	·12	·04	·26
Typhoid Fever ...	·22	·11	·12	·08	·13	·13	·11	·02	·09	·03	·04	·06
Diphtheria ...	·14	·10	·15	·09	·19	·17	·14	·07	·23	·06	·03	·17
Whooping Cough	·27	·32	·33	·23	·27	·23	·28	·07	·36	·06	·46	·16
Diarrhœa ...	·66	·51	·44	·37	·88	·66	·07	·34	·50	·30	·78	·07

Again **Smallpox** does not appear as a cause of death.

Scarlatina caused 2 deaths. In 1906 there were 5 deaths.

SCARLET FEVER CASES.

Year.	Estimated Population.	No. of Cases notified.	No. admitted to Hospital.	No. of Deaths in Hospital.	No. of Cases treated at home.	Deaths among these.
1903	59,000	361	59	0	302	13
1904	61,500	256	114	1	142	4
1905	65,249	127	48	1	79	2
1906	66,276	234	73	3	161	2
1907	69,122	216	40	0	176	2

Measles caused 18 deaths, all being due to pneumonia coming on in the course of the disease. Exposure to chill of children suffering from Measles is a common cause of death, yet there are people who do not seem to appreciate this well known experience. As with Measles so with **Whooping Cough**, the same experience is noticeable; exposure to chill causing a fatal inflammation of the lungs Whooping Cough, by its complications, caused 12 deaths.

The attitude of the public towards infectious diseases is very curious. The great majority of parents regard an outbreak of Measles or Whooping Cough with the greatest equanimity, but the possibility of contagion by Scarlet Fever fills them with dismay. The usual annual lesson that far more children are killed by Measles and Whooping Cough than by Scarlet Fever appears to be disregarded, and in many instances there is little or no attempt at isolation of the two former diseases. In fact the spread of Measles through a family is often encouraged.

There were 14 deaths from **Convulsions.**

"Spotted Fever."—There have been no cases of spotted fever in Handsworth. One case of suspicious illness occurred and the Medical Officer of Health was asked to see the case in consultation, but it was decided that it was not the disease in question. The patient made a rapid recovery. As the disease is still prevalent in some districts it may be advisable to repeat the description given in my report of last year. The disease, unfortunately known as "spotted fever," has been recognised as a distinct disorder since about 1805, and well-known epidemics have occurred in Geneva, in the New England States, in France, and in Italy, Sweden, and Germany. In the British Isles there have been epidemics in Dublin, Belfast, and Liverpool, while during 1905 there were 1,500 deaths from this disease in New York. During 1906 many cases occurred in Glasgow.

Meningitis, or an inflamed condition of the membranes covering the brain and spinal cord, may be set up by a variety of bacteria such as the tubercle bacillus, or the micro-organism that causes pneumonia, but the epidemic form of meningitis is caused by a special organism, and has certain peculiar characteristics. Although the disease occurs in epidemics there is reason to believe that there is little or no direct communication from person to person.

The onset is usually sudden, with headache, shivering, and vomiting. The headache is usually intense, and there is painful stiffness of the muscles of the neck. Considerable tenderness develops along the spine, and rigidity in that region is common.

Predisposing causes probably include any conditions that lower the resistance of the body, such as colds, injuries, and alcohol. Enlarged tonsils or any unhealthy throat condition probably increases susceptibility to attack. In most epidemics the majority of the patients are under 15 years of age.

Typhoid Fever caused 4 deaths this year, as compared with 3 in 1906 and 2 in 1905.

Diphtheria caused 11 deaths, as compared with 2 in 1906, and 4 in 1905. My opinion is that diphtheria will, in the near future, prove to be the commonest and the most dangerous infectious disease in large towns.

Diarrhœa caused 5 deaths, made up as follows:—

	Males.	Females.	Total.
Under 1 year	2	2	4
Between 25 and 65 years	0	1	1
	2	3	5

To these should be added the 21 deaths from Enteritis, making a total under this head of 26. The deaths from Enteritis included cases at practically all the age periods.

Under the heading "Diarrhœa," including "Enteritis," "Gastro-Enteritis," and "Entero-Colitis," as being one and the same disease, the deaths for each year and the death-rates are given below:

	1892	1893	1894	1895	1896	1897	1898	1899
Deaths ...	26	37	12	35	49	60	70	61
Death-rate	0·75	1·01	0·31	0·88	1·26	1·44	1·6	1·3

	1900	1901	1902	1903	1904	1905	1906	1907
Deaths ...	57	54	12	35	46	30	66	26
Death-rate	1·2	1·02	0·21	0·6	0·74	0·46	0·99	0·37

We see from these figures that from 1894 to 1898 the diarrhœal mortality rose, and since that date the mortality fell gradually until in 1902 there was a sudden fall, almost certainly due to the low temperature of the summer and autumn.

The causation and prevention of this "preventable" disease cannot be too strongly or too often brought before your notice, seeing that the mortality from Diarrhœa is by many considered to be a test of the health of a district.

One obvious reason why hot weather favours diarrhœal diseases is that in hot weather putrefactive changes are then more likely to occur in our foods. Our foods ought to be kept in the coolest place to be found in the house. In the great bulk of the houses in this District the food pantry is in the closest connection with the warmest room in the house, namely, the cooking kitchen. Without any great addition to the cost of building, a suitable pantry could surely be provided, and it should be regarded as one of the most important public health duties of any sanitary authority to insist upon adequate provision of this kind in every new building. Plans should not be acceptable unless they show a properly-placed and well-ventilated pantry for storing food.

Flies probably play a very important part in the contamination of food, and also in the direct spread of typhoid fever and "summer diarrhœa," during the summer months. In fact it would probably be no exaggeration to say that they play the chief part in the dissemination of these diseases in towns.

Closely associated with diarrhœal diseases and the plague of flies is the problem of the disposal of horse manure from town stables. In this District it does not appear to be realised that the urban character of the place demands very different methods from those which have been sufficient while the surroundings were of a rural nature. Possibly the extraordinarily rapid growth of Handsworth may be the cause of this lack of appreciation. Many stables are without adequate storage for manure, and where a proper manure bin is provided it is not emptied with sufficient frequency. In a District such as this a rule should be made that every manure-bin must be emptied at least once a week, and this rule should be rigidly enforced. To allow accumulations of horse manure in yards surrounded by dwelling houses is to cause continual pollution of the air in the neighbourhood and to inflict a plague of flies upon the inhabitants. In such neighbourhoods the general health is bound to deteriorate, not only on account of the inhalation of polluted air, but also because of the constant contamination of the food by flies, and a predisposition to such diseases as diphtheria, diarrhœa, and typhoid fever is set up. In other words, the resistance of such individuals to attack by these diseases is thereby weakened. Looking at the matter from another point of view, it is surely reducing sanitary administration to a farce to compel householders to provide water-closets, on the ground that the accumulation of human excreta near the house constitutes a possible danger to health, while an almost unlimited accumulation of horse manure, with at least equal possibilities for evil, is permitted. Such a laxity constitutes, in my opinion, a serious danger to health, and I have no hesitation in advising the necessary alteration of the bye-laws to enable a weekly removal to be enforced. A bye-law similar to the one enforced in Birmingham is urgently necessary. This reads:—"He shall, once at least in every week, remove or cause to be removed from the receptacle provided all dung, manure, soil, filth, or other offensive or noxious matter produced in or upon such building or premises and deposited in such receptacle."

Another matter intimately associated with general sanitary conditions and surroundings is the erection of stables and small buildings in the District. The constant erection of stables and small buildings is a serious evil and a source of nuisance and danger to the surrounding inhabitants.

Increased powers to insist upon adequate provision of well-ventilated pantries and storage for coal, as well as proper receptacles for ashes, in all new houses, are also advisable in the interests of the public health.

The temperature of the soil at a depth of four feet from the surface at the Edgbaston Observatory (Mr. Cresswell's reports) did not reach 55° F. during the whole of the summer. This appears to still further prove an important connection to exist between the temperature of the soil and the incidence of Diarrhœa.

The 12 infants who died of diseases classed as "Diarrhœa" and "Epidemic Enteritis" were distributed over the several wards as follows:—Birchfield 5, Heathfield 0, Murdock 6, Sandwell 0, and Soho 1.

Influenza.—This disease was registered as the primary cause of death in 13 cases, death being invariably due to some complication of the lungs, heart, or nervous system. The first death was registered as occurring on January 4th, and the last as occurring on December 13th, 1907. Influenza is an intensely infectious disease characterized by great prostration, and a great tendency to acute diseases of the lungs, and the greatest care is required during convalescence. In no disease does recklessness pay a greater penalty,

Tuberculous Diseases.—Fifty-eight deaths were due to this class of diseases, as compared with 57 in 1906, 56 in 1905, and with 55 in 1904, 73 in 1903, 69 in 1902, 81 in 1901, 56 in 1900, 61 in 1899, and 44 in 1898. The rate was 0·83 per 1,000. It is a matter of very great congratulation that this represents the lowest recorded death-rate from Tubercle in this District. Possibly part of the diminution of the death-rate is due to the disinfection of the bedding and premises where there is registered a death from tuberculous disease. In all these cases disinfection is offered, but it is a matter of great regret that in a few cases the offer is refused. No effort should be spared to educate the public in this matter in order that tuberculous diseases may be regarded as infectious and therefore preventible. It is probable that some scheme of notification of these diseases would eventually bring about a still further reduction in this death-rate.

We now know that (1) Tubercular diseases are due to the growth in the body of a minute organism—The Tubercle bacillus. (2) That it is present in the sputum expectorated by persons suffering from phthisis, and is present in the spray produced by their cough. (3) That persons coming much into contact with phthisical sufferers are very liable themselves to become phthisical. The bacillus may be conveyed into the body through the medium of infected cow's milk, or more rarely by the flesh of animals affected with the disease, or by the matter expectorated by animals suffering from consumption. These organisms retain their vitality even when dried, so that they may be wafted about in the air, mixed with ordinary dust. In this way consumption may be acquired in dusty schools and workshops. Dirty and badly ventilated workshops play a most important part in the production and spread of these conditions. Fresh air and sunlight soon kill the germs. In addition to the presence of the micro-organism another factor is required for infection, and that is a certain state of receptivity of the body. This state of the body is brought about by insanitary conditions, insufficient food, or working in dusty atmospheres, and is prevented by living in an atmosphere supplied abundantly with pure fresh air and on an abundance of good wholesome food. To preserve the public health, therefore, our milk and meat supplies should be beyond the reproach of tubercular infection, and as an additional precaution milk should be boiled and meat should be well cooked. Persons suffering from consumption should be cautioned against spitting in the street and in public vehicles, or, indeed, on any material which cannot be burnt or otherwise disinfected, and insanitary conditions should be remedied. When death occurs from any tubercular disease, the clothes, bedding, and rooms should be thoroughly disinfected.

The recent report of the Royal Commission upon Tuberculosis has directed the attention of the public once more to the causes of tuberculosis. It is now placed beyond all ordinary doubt that infection of human beings by tuberculous milk and meat is not only possible but probable. The public should therefore insist upon such measures being taken as are necessary to remove all suspicion from these important foods. It should be a matter of no insuperable difficulty to effectually stamp out bovine tuberculosis altogether, and once and for all to remove this grave danger of infection. The necessary procedure and expenditure would probably only be undertaken, however, in response to strong public feeling in the matter, so that it is desirable that all districts should join in making the usual representations to the Government.

While this is being done it will be a deplorable result of the Commission's report if, as a consequence, the amount of milk given to children is decreased. I have no hesitation in saying that very many more children die as the result of an insufficient supply of milk than from infection caused by tuberculous milk. Also a far greater number of people at all ages die from tuberculosis as a result of a deficient rather than an infected milk supply during infancy. Nevertheless, the stamping out of bovine tuberculosis presents itself as an undoubted means whereby the terrible death-roll due to tubercle may be considerably decreased. When this is accomplished it will be possible to duly appreciate other causes of the disease and to eventually eradicate it.

Examination of the sputum for Tubercle bacilli is made for medical practitioners of the District by the Birmingham University Bacteriological Laboratory. The necessary outfit may be had at the Handsworth Council House.

Cancer.—Sixty deaths were due to Cancer and malignant diseases of various organs. The death-rate is 0·86 compared with 0·84 in 1906, the average of the preceding ten years being 0·67. The continued increase in the number of deaths due to cancer is a matter for serious consideration, and it is most deplorable that proper disinfection of bedding and rooms in those cases where death has occurred is often refused. The proper attitude towards such diseases can only be brought about by persistent effort.

Injuries.—Twenty-three deaths were due to violence. The death-rate was 0·3, the average of the preceding ten years being 0·3.

Ward Comparisons.—Table E on page 61 gives the comparative statistics of the health of the five wards during 1902 to 1907, and the average for the six previous years.

Murdock Ward again has the highest birth-rate and death-rate, and also the highest epidemic death-rate as well as the highest death-rate from tuberculous diseases; whilst Sandwell Ward has the highest rate of infantile mortality. Soho has the lowest birth-rate, being a little less than half that of Murdock Ward.

MEASURES TAKEN TO PREVENT THE SPREAD OF INFECTIOUS DISEASE.

Measles is not a notifiable disease in Handsworth. The School Attendance Officers, however, notify me of the existence of cases of Measles.

NOTIFICATION OF INFECTIOUS DISEASE.

In June, 1883, the Handsworth Local Board instituted a voluntary system of Notification of Infectious Disease whereby medical practitioners notifying a case of Scarlatina, Diphtheria, Enteric Fever, or Small Pox, received a fee of half-a-crown for each case notified. This arrangement continued in force until the adoption of the Infectious Disease (Notification) Act, which came into force on the first day of March, 1890. The notifications received in the years 1884–1907 are given in Table F on page 64.

In the following Table the cases notified in each quarter of the year 1907 are given:

TABLE G.

	Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus Fever.	Typhoid Fever.	Continued Fever.	Relapsing Fever.	Puerperal Fever.	Cholera.	Erysipelas.	Total.
1st Quarter	...	48	28	1	...	8	...	...	...	...	10	95
2nd ,, ...	...	45	24	1	...	3	...	...	1	...	11	85
3rd ,, ...	..	59	8	...	...	5	1	...	1	...	13	87
4th ,, ...	...	64	16	...	...	4	...	...	...	...	16	100
Totals ...	...	216	76	2	...	20	1	...	2	...	50	367

Since the Infectious Disease (Notification) Act came into force, the number of cases notified of each disease per 1,000 of the population, that is to say the attack-rates, are given for each year in Table H on page 65.

Two of the cases of **Scarlatina** notified in 1907 died; the fatality was therefore 0·92 per hundred cases.

The fatality in 1906 was 2·13 per cent.; in 1905, 2 35; in 1904, 1·1; in 1903, 3·3; in 1902, 2·2; in 1901, 3·8; in 1899, 1·3; in 1898, 1·1; in 1897, 1·8; and in 1896, 0 6.

Of the cases of **Diphtheria** and **Membranous Croup** notified in 1907, 11 died; the fatality was 14·4 per cent.; in 1906 it was 4; in 1905, 12; in 1904, 23·7; in 1903, 8·7; in 1902, 13·8; in 1901, 18; in 1898, 6·4; in 1897, 13; and in 1896, 24·6.

General Procedure.—As soon as possible after notification of an infectious disease is obtained, the infected premises are visited and examined, and any sanitary defects are noted. An enquiry is made as to the population residing on the premises, their food supply, water supply, laundress, the schools attended, the means of isolation available, and the origin of the infection. These particulars are registered by the Sanitary Inspector. After the patients have been removed to the Hospital, or have recovered at home, the infected rooms are disinfected with formaldehyde, and the infected bedding and clothes disinfected again at the disinfecting station. In the meantime notice has been given to the schools attended of the existence of infectious disease in the infected houses, so that children residing at these houses may be kept away from school until all danger of spreading disease is past. The attention of the owners of the houses is called to any sanitary defect in the usual way. The premises are further visited from time to time as deemed necessary. During the past year 1,223 visits were thus paid, 219 notices were sent to schools, and 233 notices to Education Committee, 360 houses, or parts of houses, were disinfected with formaldehyde by Lingner's apparatus, and 53 houses, or parts of houses, were stripped or limewashed, 284 lots of bedding, &c., comprising 1,312 articles, were disinfected by the disinfection apparatus at Handsworth, and 25 articles destroyed. During the year all the disinfection has been done at your own disinfecting station at Queen's Head Road. The number of stovings was 210. In addition to the above 981 cases of infectious disease in connection with the Elementary Schools of the District were visited and reported upon.

PROCEDURE IN SPECIAL CASES.

Smallpox.—Provision is made for the isolation of cases in the Smallpox Hospital of the West Bromwich Corporation. No case was notified in 1907.

Vaccination.—The following returns are furnished by the Vaccination Officer, and relate to the whole parish of

Handsworth for the years ending June 30th, 1894-1907 respectively :—

	Births Registered	Successfully Vaccinated	Insusceptible	Had Smallpox	Died Unvaccinated	Postponed	Removed to other District—traced	Removed—unknown	Defaulters	Re-vaccinated	Percentage of Defaulters to Births	Conscientious Objectors
1894	976	716	12	0	77	42	18	68	43	361	4·4	...
1895	1072	684	13	0	83	57	4	10	221	18	20·6	...
1896	1046	561	7	0	97	47	0	0	339	(?)	32·4	...
1897	1138	569	4	0	101	61	0	0	403	(?)	35·4	...
1898	1189	497	6	0	106	46	0	0	524	(?)	44·1	10
1899	1327	672	14	0	145	64	39	100	278	(?)	20·9	15
1900	1368	775	7	0	145	71	26	92	248	(?)	18·1	4
1901	1410	878	3	0	147	61	13	198	94	11	6·7	16
1902	1410	1032	4	0	147	71	22	112	12	552	0·9	10
1903	1532	1213	7	0	121	56	40	66	17	59	1·1	12
1904	1514	1215	4	0	145	49	20	64	4	68	0·3	13
1905	1569	1285	8	0	123	50	30	48	...	4	...	17
1906	1563	1282	8	0	124	41	33	47	5	4	0·3	23
1907	1583	1279	8	0	125	42	28	60	5	4	0·3	35

Scarlatina.—Provision is made for the isolation of these cases at the West Bromwich Infectious Hospital. Of the 216 cases notified 40 were isolated in the Hospital. The cases occurred in 162 houses.

In 2 instances 6 cases occurred in 1 house.
,, 1 ,, 4 ,, ,, ,, ,,
,, 6 ,, 3 ,, ,, ,, ,,
,, 29 ,, 2 ,, ,, ,, ,,
,, 124 ,, 1 case ,, ,, ,,

Seven cases had each been visiting at infected houses, and in 4 cases the attack followed immediately after patients had undergone operations in hospital. Six of the cases were imported, the patients having been living out of the District for some weeks previous to the attack and were sent home ill.

No connection was found between any special sanitary defect, including milk supply, and the incidence or severity of Scarlatina. In twelve cases the premises were found to be in a foul state.

Scarlet Fever and Schools.—In many cases, one or more children attended school after a Scarlatinal rash had appeared in one of the family kept at home.

Hospital Isolation.—The position of Handsworth, with no isolation hospital under local control, is an unusual one for a district of such a size and with so large a population. In the event of a severe epidemic the West Bromwich Hospital may cease to be available. In October, 1906, the Health Committee expressed the wish that hospital isolation should be used only in specially urgent cases, and that isolation at home should be carried out wherever possible. In accordance with this wish I have admitted to the Hospital only 40 cases of Scarlet Fever out of the 216 cases notified.

Diphtheria and Membranous Croup.—No provision is made for the isolation of these cases. Cases are admitted into the General and Children's Hospitals, Birmingham, when tracheotomy is indicated. Two cases were treated at the General Hospital. The 76 cases of diphtheria and 2 cases of membranous croup occurred in 64 houses.

In	2	instances a house	had	4	cases.
,,	2	,,	,,	3	,,
,,	4	,,	,,	2	,,
,,	56	,,	,,	1	case.

Of the 64 houses, no complaint could be made of the condition of 35; in 4 cases poultry were kept and the premises were in a filthy state; in 8 cases there were foul and defective sinks, drains, w.c.'s, and vent-pipes in the houses; in 3 cases there were offensive accumulations of manure and refuse; and in 2 cases there was no proper supply of water for w.c.'s. In 9 cases rainwater downspouts were defective and not disconnected from the drains, and in 3 cases complaints were made of the foul smell coming from road drains and sewer manholes. No bacteriological examination was made in 24 cases. Positive results were reported in 41 cases, and negative results were given in 11 cases. In 84 suspected, but not notified cases, examinations were made, with negative results, and in 8 cases with positive results.

On August 1st, 1906, the Health Committee decided to supply antitoxin to medical men for treatment of local cases of diphtheria. This represents a most important step, and a still further decrease in the death-rate may be expected if this treatment is generally adopted.

Typhoid (Enteric) Fever.—The 20 cases occurred in 19 separate houses. One house had two cases.

Five of the cases were treated at the General Hospital, Birmingham.

Widal's reaction is reported as having been tried in two notified cases with a positive result, and in seven suspected, but not notified cases, with negative results, and in one notified case with a negative result.

In 12 cases no sanitary defects were found on the premises.

One of the houses had an offensive privy-midden. In one case the drains and soil pipe were in a foul state, and tenants complained of sewer gas from the soil pipe. In one case there was a foul defective W.C. in the house. In two cases the W.C.'s were without water for flushing purposes. In two cases there were offensive accumulations on the premises, and in one case there was an offensive smell from a defective rain water downspout near the bedroom window. This spout was not disconnected from the drain.

Tinned meat and fish, mussels, and other shell fish were eaten occasionally before the attack by two patients, and two patients were said to have been excessive cigarette smokers. In one fatal case the patient was said to have had a quantity of watercress which caused his illness; in four cases the patients had been living out of the District for weeks previous to the attack and were sent home ill; and in two cases the patients made complaints of the foul smell which came from defective W.C.'s, drains and vent pipes and pail closets near the room in which they had their meals at their places of employment.

When a case of Typhoid Fever occurs in a house having a privy-midden the midden is at once thoroughly cleaned out, and its floor and walls are dredged with strong disinfectant powder. At the same time an iron pail, with tight-fitting lid, is left at the house to receive the stools and urine. These are mixed with Izal peat, which is supplied with the pails. The pails are collected as required, and their contents burnt in the Destructor.

Puerperal Fever.—Two cases of Puerperal Fever occurred. The first case was attended during the confinement by an unregistered midwife. This patient died of Puerperal Fever. Thorough disinfection of the rooms, clothing, etc., was carried out in both cases.

The term "registered midwife" is an unfortunate one, because the public erroneously suppose that it implies a training and a qualification.

There was one case of Continued Fever.

Erysipelas.—The 50 cases of Erysipelas occurred in 50 houses. No special sanitary defects were noticeable in the houses. Two deaths occurred.

Plague was added to the list of notifiable diseases by an order of the Local Goverment Board, dated the 19th of September, 1900.

GENERAL SANITARY MATTERS.

Refuse Disposal.—The privy-middens and dry ashpits are emptied and cleansed by the District Council.

Movable receptacles are being gradually substituted for the middens, when privy-middens are converted, and are also provided in all newly-built houses. There are now about 650 privy-middens.

The sewers are in connection with the outfall sewers of the Birmingham Tame and Rea District Drainage Board.

Water Supply.—The District is supplied by the Birmingham Corporation Water Department. A few wells still exist.

House-to-House Inspection.—During the year a house-to-house inspection has been made in the following roads and streets, viz.:—Archibald Road, Finch Road, Roland Road, Johnstone Street, James Street, Lime Grove, Hampton Road, and Fentham Road.

This area embraces most of the smaller house property and some of the larger house property in Heathfield Ward.

In this way 680 houses were inspected, and many dangerous conditions were discovered and remedied. The following is a summary of the results of the inspection:—

Privies	37	Defective Traps and Drains	15
Ashpits, Dry...	376	Ashbins	194
Ashpits, Covered	390	Waste-water Flush Closets	—
Ashpits, Uncovered ..	20	Lip-traps on Drains ...	76
Ashpits over 20 square feet in area	19	Bell-traps on Drains ..	3
Wet Ashpits...	34	Houses supplied with Well-Water	1
Outdoor Water-closets ...	626	Number of Wells	1
Indoor Water-closets ...	66	Back to back Houses ...	8
Ventilation Pipe under 3in.	1		

OTHER SANITARY WORK.

During the year, 8,732 inspections and observations were made for the discovery and abatement of nuisances within the

District, 2,153 informal notices were sent out for the abatement of nuisances, and were in 2,076 cases followed by the abatement of the nuisances, leaving 77 on the books at the end of the year. This shows an increase in the year of 276 inspections, &c., 17 notices, and of 4 nuisances abated, as compared with the figures of 1906.

Final notices to the number of 241 were sent out.

One summons was taken out during the year. This was withdrawn on the necessary work being done and on payment of the costs, £2 16s. 6d., the whole of the other work being executed in a satisfactory manner without resource to legal proceedings.

In 169 cases privies and middens were converted into water-closets and dry ashpits or receptacles, and 53 deep wet ashpits filled up after notice had been served on the owners, in addition to many which were converted without notice on the suggestion of the Inspector; an increase of 10 as compared with the year 1906.

Slaughter-houses.—The 12 slaughter-houses in the District have been inspected on 147 occasions. In 22 cases notices were served to abate nuisances.

In four cases the drains were taken up and properly relaid; the floors in two cases were also re-paved, the bricks being set in cement, and offensive accumulations removed in 16 cases. No seizure of diseased meat was made.

Bakehouses.—The 41 bakehouses registered in the District were inspected on 139 occasions, and in 37 cases notices to cleanse and limewash and to abate nuisances were served.

Four bakehouses are at present void, and 2 bakehouses have been rearranged and improved. The ventilation of 4 bakehouses was also improved.

THE MILK SUPPLY.

Cowsheds.—During 1907 there were 9 cowsheds in occupation in the District. The largest number of cows kept was 192, the average number being 185. In 5 sheds the cubic space for each cow is from 825 cubic feet to 993 cubic feet. In 4 sheds the cubic space is a little under 800 cubic feet. From the smaller sheds the cows are turned out daily (once or twice a day) during the winter months. In the summer time all the cows are out day and night except for a few hours for milking.

In most of the sheds good ventilation will be possible when the owners are sufficiently advanced to realise that the stopping-up of ventilators is certainly against their own interests.

The water supply is obtained from springs, wells, and pools, and in most cases appears to be abundant. The quality is at present unknown, but it is proposed to determine this at an early date.

Imported Milk.—From 400 to 450 gallons of milk per day are brought into the District from the country to railway stations, G.W.R. and L. & N.W.R. (Perry Barr) stations. An extraordinary lack of care is obvious. The churns are left on station platforms without being locked or fastened securely in any way. There are thus presented all kinds of possibilities in the way of pollution. The milk churns appear to be sent back without being washed.

A very large quantity of milk is fetched into the District by local purveyors from dealers in Birmingham and from farmers in the country districts near Handsworth. Some of the milk dealers and farmers personally bring milk into the District for distribution. In these cases the churns are frequently left at street corners and other places. Here again the lids of the churns are not locked or securely fastened. In this way it is obvious that dangerous pollution is still more easily possible.

Distribution of Milk.—There are about 140 small shopkeepers who sell milk in small quantities, from half a gallon to two or three gallons per day. A great bulk of the milk consumed in the District is distributed by about a hundred dairymen or purveyors who fetch their milk from the railway stations, milk depôts and farms outside the District, and deliver it direct to the consumers. Many of these men come from outside districts. Very few of them keep or sell any milk at their own homes. All of these, however, have facilities for washing their cans on the premises.

Quality of the Milk.—During the year I have received several complaints concerning the quality of the milk sold in the District, and I therefore wrote to Dr. Reid, County Medical Officer, on 9th October, as follows:—

> "I have recently received a succession of complaints regarding the quality of the milk supply in this District, particularly in that part of the District adjoining Witton. I shall be glad if you can tell me exactly in what relation we stand with regard to taking samples and the administration of the Food and Drugs Act in general."

DR. REID'S *reply gave the following information:*—

> "The County Council, under the Food and Drugs Act, have appointed a Public Analyst and Inspectors, and the area for which they are responsible is the entire administrative County, with the exception of those urban districts with a population exceeding 10,000, who may elect to administer the Act themselves. While this is the situation, there is nothing so far as I can see to prevent any Medical Officer of Health, Inspector of Nuisances, Inspector of Weights and Measures, or any Inspector of a Market collecting samples for submission to the County Analyst, who, on a payment of a fee of 10/6, is bound to analyse such samples and report; the fee to be paid by the District Council whose officer submits the sample (see sections 12 and 13 of

the Sale of Food and Drugs Act). As a matter of practice, however, all the samples collected in the administrative County, with the exception of certain Boroughs who have appointed their own Analyst and Inspectors, are collected by the County Food and Drugs Inspectors, and the number of samples so collected and analysed amounts to from 1,500 to 2,000 a year.

"I think it would answer your purpose if I wrote to the Food and Drugs Inspector for South Staffordshire, directing his attention specially to the milk supply of the locality you mention, and asking him to collect a good many samples in the locality for some time, and if you approve of this suggestion I shall be pleased to write to Mr. Van Tromp, who is the Inspector for South Staffordshire."

A further letter from DR. REID *says*:—

"You will like to know what Mr. Van Tromp, the Food and Drugs Inspector, has written in reply to my letter. Accordingly I enclose a copy of a letter I received from him this morning.

"'HANDSWORTH MILK SUPPLY.

"'I thank you for your letter of yesterday's date with reference to your correspondence with Dr. Lyster, of Handsworth, on the above subject.

"'I shall have much pleasure in giving my special attention to the subject, and I will cause an increased number of samples to be taken; the specific case mentioned shall have my personal attention.

"'The following statistics may perhaps be of interest. From January, 1904, to date 221 samples of milk have been procured in the Handsworth District, eleven samples were reported against, giving a percentage of a shade under five. This compares very favourably with the figures given in the Board of Agriculture Returns, in which the percentage of milk adulteration for all England and Wales, 1891-1905, never fell below 10.

"'I may add that of 52 samples procured in the District this year (to September 30th) not one has proved in any way adulterated; in fact they were, almost without exception, samples of high quality.

"'I am most anxious to carry out any suggestions emanating at any time from yourself or the Medical Officers of Health of the various Authorities in my district.'"

Cowsheds and Dairies.—The premises of 14 registered cowkeepers have been inspected on 94 occasions, and in 12 cases notices to abate nuisances were served.

In 1 case the sheds have been properly ventilated, paved, and drained, and the drains in 4 cases have been re-laid, properly trapped, and ventilated, and in 7 cases offensive accumulations were removed.

The premises of the 235 milkshops and dairies on the register were inspected on 254 occasions, and found in a satisfactory state.

During the year 5 cowsheds have been void.

Workrooms and Workshops.—The 203 workrooms and workshops registered in the District were visited on 309 occasions. Notices to cleanse and limewash were served in 41 cases, and notices to abate nuisances were given in 23 cases. In 8 cases privies were converted into water-closets, and in 3 cases further closet accommodation was provided; in 7 cases drains were opened, repaired, and properly trapped; in 5 cases the ventilation was improved, and in 5 cases floors were drained. There are 9 "domestic workshops" in the District, in which are carried on the following trades:—4 dressmakers, 3 laundries, 1 tailor, and 1 picture-frame maker.

Scavenging.—The Superintendent of the Cleansing Department reports that 1,556 applications for cleansing ashpits have been received, and that 37,006 dry ashpits and 1,968 privy-middens were emptied and cleansed during the year. 166,552 ashbins were also emptied.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

The Education (Administrative Provisions) Act comes into operation on January 1st, 1908. Section 13 of the Act directs that the local education authority shall provide for the medical inspection of school children either immediately before, or at the time of, or as soon as possible after their admission to a public elementary school.

This section of the Act was subsequently interpreted by the issue of a Memorandum, which is now generally regarded as the best official document that has ever been issued by the Education Department. The more important points dealt with in this Memorandum are:—

I. That the aim of the new Act is not merely to produce a record such as is obtained by systematic medical inspection, but to bring about a general physical improvement of the race. It is extremely likely that by proper attention to the health of the children the numbers of the criminal and pauper classes will be considerably diminished.

II. As a result of the introduction of medical skill into the methods of education, it appears very likely that the methods at present in existence will have to be considerably modified in order that they may be adapted to the physical needs of the children. It is beginning to be realised that a healthy and vigorous frame is from a national standpoint a matter of supreme importance.

III. *Organisation.*—The whole of the work is to be organised under the direct supervision of the Medical Officer of Health, and the Memorandum contains definite instructions that the existing machinery of medical and sanitary administration must be used to the utmost extent, and that the whole of the work should be carried out in intimate conjunction with the Public Health Authorities.

IV. *Grants.*—It is repeatedly emphasised that the work actually suggested in the Memorandum must be regarded as a minimum interpretation of the Act. The effectiveness of the working will be taken into consideration in determining the grant for the schools. In this connection it is to be noticed that beyond such minimum requirements certain important developments are mentioned, and in all probability the amount of the grant will depend upon the extent to which such developments are carried. For instance, special arrangements for attending to the health and physical condition of the children are expected to be submitted to the Board from time to time, and other special work is alluded to.

V. *The Teachers.*—The possibility of assistance by the teachers is alluded to, and the necessity of their cordial sympathy and help is specially mentioned. I have already dealt with this matter to some extent, and would suggest that in the ordinary schools a special assistant teacher be selected in each department, and that some remuneration should be attached to the work. It has been arranged for all teachers to receive some definite instruction on the subject, but so far as possible the teacher should be selected on account of some special knowledge of hygiene.

VI. *The Parents.*—It is evidently regarded as very important that the parents and the homes must be affected by the Act, and that a sense of duty and responsibility must be stimulated, also efforts must be made to obtain the attendance of one or both parents at the first medical inspection of the child.

VII. *The Medical Examination.*—The actual examination will consist in recording certain facts regarding the previous history of the child and other facts relating to its present condition. Particular attention will have to be given to the special senses, sight and hearing, and teeth. The inspection will have to be conducted in school hours and on school premises, and the facts entered in a register kept at the school. It will probably be found necessary to keep records at the Health Department in the form of a sheet filing system.

VIII. *The Routine Work.*—Four inspections of each child are suggested, the first on admission to school, the second three years after, the third after another three years' interval, and the fourth on leaving school. This appears to involve in this District the examination of about 6,000 children each year. The ordinary year's work will be:—

(1) The examination of the children on entry.

(2) The examination of children ready for the second inspection.

(3) The examination of children ready for the third inspection

(4) The examination of children leaving the school.

IX. *Work for 1908.*—The minimum work expected for 1908 will be the inspection of children on entry and also those leaving the school, that is approximately 4,000 children; but it is quite possible that the Board may expect more than this to be accomplished in such a District as Handsworth.

X. *Work for 1909.*—The minimum for this year is the examination of children entering, children leaving, and also those who are ready for their second inspection.

XI. *Developments.*—Further developments of the Act such as are outlined in the Memorandum, viz.:—the establishment of school surgeries and clinics, the treatment of diseased and defective children, the provision of school baths, the provision of meals, and other matters, are not so likely to seriously affect Handsworth as they will other districts. As a result it is extremely likely that the working of the Act can be carried out far more economically in this District than in many others.

XII. A special recommendation with regard to the type of school books is of the greatest possible importance, and I strongly recommend the Education Committee to adopt the regulation that no school books should be purchased without the type having been approved by the Medical Officer.

It is difficult to imagine how the above work can be organised successfully in any other way than by co-ordinating it with the existing machinery of the Health Department of the Medical Officer of Health. In favour of this plan it may be urged that:

(1) The Medical Officer of Health represents the preventive functions of the Sanitary Authority and the work of medical inspection is largely preventive.

(2) He controls the sanitation of the child's environment,—drainage, water, overcrowding, food, ventilation, housing, plans of buildings, and the like.

(3) He has access to the school for the purpose of examining the children for infection, and he has control of all the apparatus for managing infectious diseases.

(4) He necessarily has a hygienic interest in the child before it begins to go to school, during its stay at school, and after its school days are over. The child cannot be divided up into abstractions,—the home-child,—the school-child,—the street-child,—the factory-child,—the work-child, and so on. It is the same child right through its hygienic relationships and, as the school is the largest depôt of children for the time being, the Medical Officer of Health should have the administrative advantage that direct personal examination can give to the preventive functions of the Sanitary Authority.

(5) The Medical Officer of Health knows that the physical condition of the child is an index to the sanitary condition of the home, and he wishes to have this new line of entry into the home in order to improve the child's and the parents' environment.

To attempt to divide the work into two parts, school and general district work, with separate organisations, would be to directly and definitely invite endless friction and reduplication of labour. Everything concerning the health of the District should be organised entirely at the Health Department, and for smooth and efficient working it is imperative for the Medical Officer of Health to have sole charge and responsibility. Any attempt to separate the work would necessitate the employment of an inferior type of official, and considerably increase the total cost.

Medical inspection should not mean merely dealing with epidemic and isolated cases, but should be a system whereby education will mean the development of the body as well as the mind. At present we neglect curable conditions in childhood and treat them later on in asylums, infirmaries, and hospitals.

A good deal of the work under the Act had been anticipated to some extent in Handsworth by the Medical Officer, and it only remained to develop and extend existing methods. The present work can be conveniently divided into three large groups :

I. **Routine Work.**—Which includes systematic observations, measurements, and testing of the whole of the children in the schools in order to gain exact knowledge concerning nutrition, height, weight, cleanliness, sight, teeth, and such matters. These facts must be ascertained at least every year concerning all children, and I have prepared a card upon which a great deal of information concerning the child during the whole of its school life can be recorded. Pages 52 and 53 show the arrangement of the material upon the cards. A great many of the above records can be made by the teachers, particularly as they have now attended the special course of lectures given by the Medical Officer.

II. **Special Medical Examination.**—The kind of medical examination required by the Department is a somewhat comprehensive one, and could not be completed in a less time than six minutes per child, and probably this rate could only be attained when every detail was working with complete smoothness.

HANDSWORTH SCHOOL CARD.

NAME SCHOOL

ADDRESS BORN VAC. MKS.

DATE EXAMINED									
AGE									
NUTRITION Good, Medium, Bad									
HEIGHT									
WEIGHT									
CHEST Inspiration ...									
MEASUREMENT Expiration ...									
CLEANLINESS Body									
Head									
Clean, Medium, Dirty, Vermin									
CLOTHING Quantity ...									
Cleanliness ...									
Boots									
SIGHT									
TEETH Total									
Decayed									
FATHER'S OCCUPATION									
HOUSE Bedrooms									
Living Rooms ...									
PERSONS IN HOUSE Over 14 ...									
Under 14...									

MEASLES	
WHOOPING COUGH ...	
CHICKEN POX	
DIPHTHERIA	
SCARLET FEVER	
MUMPS	

CONDITIONS.

DEFORMITY	
PARALYSIS	
RICKETS	
TUBERCLE GLANDULAR	
PULMONARY	
OSSEOUS	
SKIN DISEASE	
HEART DISEASE	
LUNG DISEASE	
ANÆMIA	
CHOREA	

DATE OF EXAMINATION.						OBSERVATIONS BY MEDICAL OFFICER.
NOSE AND THROAT	Articulation ..					
	Breathing ..					
	Snoring					
	Tonsils					
	Adenoids... ...					
	Glands					
EARS	Hearing					
	Discharge ...					
EYES	Squint					
	Lids					
	Conjunct. ...					
VISION	Near					
	Distant					
MENTAL CAPACITY Normal, Backward, Defective						
NOTICES ISSUED						

During 1908 the minimum work expected will be the medical inspection of children on entering the school and at the age of thirteen, and I estimate this at approximately 4,000 children

The special examination of defective children is of course not included in the above estimate. These examinations usually take much longer, but they are already being carried out as part of the Medical Officer's duties.

III. **Organisation.** — The organisation of the whole matter must be arranged with a view to the improvement of the health of the children, the improvement of the home conditions, and the prevention of the spread of infectious diseases.

Health of the children.—The routine inspection above referred to reveals the presence of many children who have to be specially examined by the Medical Officer apart altogether from any consideration as to whether they are scholars entering or leaving school. A very large number of children are found to need immediate medical attention, and a scheme has been organised by the Medical Officer to acquaint the parents of this fact, to follow up the cases, and to record any efforts that are made to improve the condition of the child. The Act specifically mentions such natural developments as the establishment of school surgeries and clinics, the actual treatment of diseased and defective children, and the provision of school baths. The systematic examination also reveals a certain proportion of children who are undoubtedly suffering from deficient nourishment. It will be necessary to organise some scheme of dealing with these children. This is a matter that appears to require the immediate attention of the Committee.

Home Conditions.—The examination of the children shows conclusively that the home conditions of some are not what they should be. Such cases have to be visited by members of the Health Department Staff and efforts made to bring about improvement. In connection with this subject it is extremely probable that a great deal of good could be done by the establishment of a voluntary health visiting society. Such societies have done a great deal of good in other towns. If some such society is not formed locally I cannot see how it will be possible to avoid the appointment of a qualified health visitor in the near future.

A matter intimately concerned with the improvement of the home conditions and the preservation of infant life is the improved instruction of the girls in the schools upon practical domestic matters, cookery, and the care of infants.

Prevention of Infectious Diseases.—The Medical Officer has anticipated the requirements of this Act to some extent by organising a scheme whereby he visits the schools periodically, and any school at any time at the request of the teachers, with a view to examining children who are suspected to be suffering from any infectious or contagious condition. By this means many epidemics have probably been prevented, and it is largely owing to such measures that we have been able to continue with very small numbers of scarlet fever cases while considerable epidemics have been present in the neighbouring districts.

Also there is now in working order an excellent scheme whereby the Attendance Officers notify to the Medical Officer the existence of all suspicious cases that come under their notice. This scheme is undoubtedly of the greatest possible benefit to the locality.

The present work concerning the health of school children may be summed up as follows :

(1) The Attendance Officers report to the Medical Officer all cases of suspicious illness that are brought to their notice. These are examined as quickly as possible, and either instructed to return to school or are excluded from school for a time.

(2) Teachers are supplied with cards upon which they may immediately notify the Medical Officer of the fact that they have sent home from school any child whom they suspect

to be suffering from any infectious or contagious disease or condition. These children are inspected and similar instructions given as above.

(3) Another card supplied to the Teachers is used to acquaint the Medical Officer of the fact that certain children are at school who appear to require examination at once. The Medical Officer then visits the school as soon as possible and decides what is to be done.

(4) On the occasion of the visits of the Medical Officer to the schools there are usually considerable numbers of other children who are considered by the Teachers to require medical examination.

(5) In cases where children are found to be in need of medical attention the parents are informed of the fact and are urged to obtain the same.

(6) For the special medical examinations under the new Act the parents will be invited to attend. Every child presented for examination will have its special card already partly filled up by the Teacher, and the Medical Officer will make a rapid examination of the child, filling up his part of the card, and roughly checking the observations already made. As each case is finished the Teacher will copy the observations from the card upon a record sheet arranged under the same headings. This record sheet will provide a rapid and convenient method of summarising the results, as children of the same age only will be entered upon the same sheet.

At the time of writing this Report an unexpected pressure has been thrown upon this Department by the occurrence of a severe epidemic of suspicious and infectious conditions among school children who have had to be excluded from attendance.

This work has kept me extremely busy and has given me no small anxiety. Now that the danger appears to be very greatly diminished I may explain that there has been a most serious epidemic of throat mischief in the District, and that it is my firm belief that if prompt measures had not been taken with regard to the exclusion of the suspicious cases there would have been a dangerous epidemic of diphtheria amongst the children. The epidemic now appears to be rapidly dying away and I hope that it will continue to diminish.

Material from the throat has been taken for bacteriological examination in no less than 675 instances. The results that have been obtained have altogether justified this procedure. This is shown clearly by the fact that in 409 cases definite evidence of an infectious throat condition has been obtained, 162 of these having shown the presence of undoubted diphtheria bacilli and 247 having shown germs that are nearly always associated with cases of diphtheria. In only 266 cases were the results of a negative character. These observations of throats are continued until the child's throat gives negative results by bacteriological examination. When this takes place the child is allowed to return to school, but if the return to school is permitted before such evidence has been obtained there is very great danger that the child may spread the disease broadcast, although it may have appeared to regain normal health. It is only by a bacteriological test that the infectiveness of any child can be ascertained.

The actual examination of the above cases has of course entailed a very large amount of work, and the examination itself does not represent all that has been necessary. The clerical work involved is very considerable, and is illustrated by the fact that no less than 1,600 notices have had to be sent to parents concerning the above children. Also every throat that is examined involves the filling up of a card containing information for the bacteriological laboratory. There is also of course the necessary keeping of records, etc.

Age for School Attendance.—A great deal of the work thrown upon this Department by reason of infectious illness is in connection with children between five and six years of age, and also some below five years who are apparently permitted to attend school. I cannot too strongly urge the advisability of raising the age for school attendance to six years. From a public health point of view the gain would be incalculable. By thus increasing the age limit the number of infectious cases would be greatly decreased as well as the number of deaths, and also there would be in the upper standards of the school a far smaller number of chilren who are permanently injured by previous attacks of infectious disorders such as measles and scarlet fever. There appears to be little or no educational advantage in having very young children at school, but there is no doubt that from a health point of view there are very serious and insuperable disadvantages. It is estimated that 10 per cent. of the English elementary school children are below five In Germany the age of compulsary attendance is six. When this early attendance at school is accompanied, as it often is, by an insufficient amount of sleep and an insufficient or improper diet it is no wonder that so many of the children receive serious injury at this time of life.

Surveyor's Report respecting New Buildings, &c.,

For the Year 1907.

During the year ending December 31st, 1907, 182 plans were submitted, of which 132 were approved, representing 452 new houses, 69 alterations and additions, one new church, one new bakery, and 9 additions to factories.

No action was taken in regard to 20 plans.

The new buildings passed for occupation were :—

467 dwelling houses.

No prosecution has been instituted during the year.

Fifty-two houses in Alexandra Road are standing incomplete.

During the previous year 159 plans were submitted, of which 129 were approved, representing 624 new buildings, 40 alterations and additions, 17 new streets, 3 factories, and 5 additions to same.

The length of new streets for which plans were approved was 4,700 yards.

The number of houses passed for occupation was 421.

TABLE C.

Table showing the number of deaths from each of the seven chief epidemic diseases.

Diseases.	1871-5.	1876-80.	1881-85.	1886-90.	1891-95.	1896-1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.
Population	16,735	20,710	25,148	30,073	36,350	44,540	53,000	56,141	59,000	61,500	65,249	66,276	69,122
Smallpox ...	5·0	0·0	3·0	0·0	0·6	0	0	0	0	0	0	0	0
Scarlatina ...	9·0	12·0	8·2	3·0	3·6	4·4	8	8	13	5	3	5	2
Measles ...	1·0	2·4	6·2	5·6	6·2	9·6	12	10	8	3	8	3	18
Typhoid Fever	7·6	4·6	2·8	3·8	3·0	5·6	7	6	1	6	2	3	4
Diphtheria ...	3·8	3·0	2·6	4·6	3·6	8·4	9	8	4	14	4	2	11
Whooping Cough	3·8	5·6	8·2	10·2	9·4	1·2	12	16	4	22	4	31	12
Diarrhœa ...	10·4	12·8	13·0	13·4	14·0	39·2	35	4	20	31	20	60	5
Totals ...	40·6	41·4	44·0	40·6	40·2	79·2	83	52	50	81	41	104	52
Mortality per 1,000	2·4	1·9	1·7	1·35	1·1	1·8	1·6	0·92	0·85	1·3	0·63	1·5	0·75
Per cent. of total deaths	15·2	13·8	12·5	11·07	8·0	13·8	11·4	8·3	7·7	10·7	6·3	14·0	7·5

TABLE E.

Birth-rates, death-rates, infantile mortality, and death-rates from certain groups of diseases in the various wards of Handsworth for each of the years 1902–7 with average of previous six years.

BIRCHFIELD WARD.	Average 6 years, 1896-1901.	1902.	1903.	1904.	1905.	1906.	1907.
Birth-rate	27·4	28·2	25·4	26·07	22·8	24·4	23·9
Death-rate	13·0	8·9	10·0	12·02	9·4	11·8	8·9
Infantile mortality	143	95	92	128	70	141	80
Death-rates from—							
All Epidemic diseases ...	2·0	0·7	1·13	1·8	0·9	1·9	1·08
Tuberculous diseases ...	1·0	1·1	1·13	0·77	0·98	0·8	0·70
Lung diseases	2·1	1·3	0·73	1·94	1·3	1·3	1·14
Heart diseases	1·1	0·9	0·81	1·01	1·3	0·7	1·21
Cancer	0·4	0·7	0·73	0·31	0·56	1·2	0·83
Injuries	0·3	0·2	0·24	0·46	0·34	0·2	0·32
All other causes	5·5	3·9	5·20	5·12	4·5	5·6	3·63

HEATHFIELD WARD.	Average 6 years, 1896-1901.	1902.	1903.	1904	1905.	1906.	1907.
Birth-rate	20·9	18·5	15·6	15·8	17·7	15·8	15·2
Death-rate	11·1	11·0	9·71	9·5	9·1	11·8	11·2
Infantile mortality	131	102	98	111	77	151	93
Death-rates from—							
All Epidemic diseases ...	1·6	0·6	0·82	0·61	0·64	0·93	0·83
Tuberculous diseases ...	0·9	0·7	0·92	0·41	0·36	1·35	1·32
Lung diseases	1·4	1·2	1·74	0·61	0·52	1·97	1·42
Heart diseases	1·1	2·2	0·51	1·23	0·82	0·93	1·42
Cancer	1·1	0·8	0·71	0·92	0·75	1·25	1·11
Injuries	0·2	0·1	0·31	0·31	0·33	0·1	0·10
All other causes	5·0	5·1	4·70	4·70	5·57	5·3	5·07

MURDOCK WARD.	Average 6 years, 1896-1901.	1902.	1903.	1904.	1905.	1906.	1907.
Birth-rate	34·6	30·5	30·6	29·0	27·4	27·7	28·9
Death-rate	16·0	13·9	13·8	16·3	12·9	13·0	12·4
Infantile mortality	172	122	145	181	102	130	109
Death-rates from—							
All Epidemic diseases ...	2·7	1·5	1·33	2·25	1·5	2·76	1·30
Tuberculous diseases ...	1·3	2·2	1·7	1·33	1·4	0·92	1·38
Lung diseases	2·6	2·0	2·2	2·91	2·0	1·61	1·92
Heart diseases	1·1	1·3	1·06	1·33	1·4	0·76	1·23
Cancer	0·5	0·4	0·78	0·58	0·7	0·61	0·38
Injuries	0·6	0·3	1·0	0·33	0·33	0·23	0·38
All other causes	7·0	6·0	5·76	5·75	5·53	6·1	5·84

SANDWELL WARD.	Average 6 years, 1896-1901.	1902.	1903.	1904.	1905.	1906.	1907.
Birth-rate	27·7	26·1	30·5	25·2	25·6	25·6	24·2
Death-rate	12·2	10·9	11·03	11·58	9·5	10·6	9·6
Infantile mortality	119	104	84	129	67	103	118
Death-rates from—							
All Epidemic diseases ...	1·9	1·2	0·86	1·82	0·69	2 35	0·62
Tuberculous diseases ...	1·1	1·3	1·14	0·91	0·67	0·54	0·50
Lung diseases	1·4	2·2	1·57	2·08	1·67	0·9	1·57
Heart diseases	0·9	0·5	1·14	1·43	0 89	0·84	0·90
Cancer	0·4	0·7	0·5	0·39	0·3	0·84	1·12
Injuries	0·6	0·1	0·3	0·26	0·49	0·3	0·45
All other causes	5·2	4·9	5·44	3·8	3·98	4·9	4·44

Soho Ward.	Average 6 years, 1896-1901.	1902.	1903.	1904.	1905.	1906.	1907.
Birth-rate	18·8	19·0	18·4	18·3	18·0	15·9	14·3
Death rate	11·7	10·9	9·8	11·53	9·4	8·6	8·5
Infantile mortality	123	104	89	89	96	77	92
Death-rates from—							
All Epidemic diseases ...	1·5	1·3	0·77	1·90	0·81	0·82	0·94
Tuberculous diseases ...	1·0	0·6	1·03	0·95	0·81	0·9	0·54
Lung diseases	1·5	2·1	1·1	1·21	1·1	1·06	1·09
Heart diseases	1·1	0·6	0·94	1·73	1·1	0·41	0·87
Cancer	0·7	0·6	0·34	0·78	1·06	0·33	0·87
Injuries	0·2	0·4	0·5	0·26	0·3	0·33	0·31
All other causes	5·2	5·1	5·0	4·25	4·5	4·8	3·90

TABLE F.—*Notifications of Infectious Diseases.*

	Voluntary.						Compulsory from March 1st, 1890.																	
Year	1884	1885	1886	1887	1888	1889	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907
Population	26,379	27,300	28,000	28,800	29,500	30,300	31,000	33,100	34,650	36,500	38,000	39,500	40,600	41,600	43,500	47,000	50,000	53,000	56,141	59,000	61,500	65,249	66,276	69,122
Smallpox ...	14	3	...	...	...	...	...	...	1	42	106	7	...	...	...	...	...	...	...	1	1	...	...	...
Scarlatina ...	91	24	20	34	52	221	208	120	239	196	101	179	304	216	88	155	185	251	361	361	256	127	234	216
Diphtheria ...	6	3	13	30	a few	9	50	19	20	15	19	28	98	46	29	50	50	59	55	43	55	32	57	76
Membranous Croup	...	...	...	...	...	...	...	2	...	1	...	3	3	2	2	1	...	1	3	3	4	1	2	2
Typhus Fever	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhoid ,,	6	8	19	15	4	12	20	21	5	10	19	27	25	25	31	48	36	28	24	20	19	10	11	20
Continued ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	1	1
Relapsing ,,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal ,,	...	...	...	...	...	...	1	...	...	2	4	4	2	2	4	4	3	3	3	3	1	1	2	2
Cholera ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	...	...	...	...	...	..	8	8	22	20	27	23	36	15	24	31	23	32	20	32	38	37	43	50
Plague ...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
*Chickenpox ..	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	78	248	103	...	. .	...
Totals ...	117	38	52	79	56	242	287	170	287	266	276	271	468	307	178	289	297	376	544	711	477	208	350	367

* Chicken Pox was added to the "Notifiable Diseases" in this District during the period June 1st, 1902—June 1st, 1904.

TABLE H.

Showing number of cases of disease notified per 1,000 of the population.

Disease.	Average 5 years 1891-5.	1896.	1897.	1898.	1899.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.
Smallpox	0·83	...	...	..	...	...	...	...	0·02	0·01	...	...	...
Scarlatina	4·57	7·48	5·19	2·02	3·30	3·70	4·73	6·42	6·12	4·16	1·99	3·53	3·13
Diphtheria	0·53	2·41	1·13	0·67	1·06	1·00	1·11	0·98	0·73	0·89	0·49	0·86	1·10
Membranous Croup	0·03	0·07	0·04	0·04	0·02	...	0·02	0·05	0·05	0·06	0·01	0·03	0·03
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhoid ,, ...	0·44	0·61	0·60	0·71	1·02	0·72	0·53	0·42	0·34	0·31	0·15	0·16	0·29
Continued ,, ...	...	...	0·02	...	...	...	0·04	...	...	...	...	0·01	0·01
Relapsing ,, ...	...	...	...	...	...	...	.	...	...	...	...	...	...
Puerperal ,, ...	0·05	0·05	0·04	0·09	0·09	0·06	0·06	0·05	0·05	0·01	0·01	0·03	0·03
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	0·54	0·89	0·36	0·88	0·66	0·46	0·60	0·35	0·54	0·62	0·55	0·64	0·73
Chickenpox	...	...	...	...	...	...	...	1·38	4·06	1·67	...	...	...
Totals	7·00	11·02	7·38	4·09	6·15	5·94	7·09	9·96	11·91	7·73	3·18	5·26	5·32

TABLE J.—PERSONS.

Deaths of Handsworth Residents in Six Age-groups, classified according to the Causes of Deaths.

The numbers against the cause of death refer to numbers used in previous Reports.

		Groups of Years.						
		0–1	1–5	5–15	15–25	25-65	65 and over.	Total.
1.	Smallpox	...	...	...	...	...	...	...
2.	Measles	6	12	...	...	...	...	18
3.	Scarlatina	...	2	...	...	...	...	2
4.	Typhus Fever	...	..	..	...	...	...	...
5.	Epidemic Influenza	1	2	1	...	6	3	13
6.	Whooping Cough	5	6	1	...	...	..	12
7.	Diphtheria Membranous Croup	...	3	7	...	1	...	11
8.	Typhoid Fever	...	...	1	1	2	...	4
9.	Cholera	...	...	...	...	...	...	...
10.	Diarrhœa	4	...	...	...	1	...	5
11.	Enteritis	8	4	...	1	6	2	21
18.	Venereal Disease	...	...	...	...	...	..	...
21.	Erysipelas	2	...	...	...	1	1	4
22.	Puerperal Fever	...	...	...	...	1	..	1
27.	Rheumatic Fever	...	...	...	...	...	1	1
31.	Phthisis	...	1	...	4	29	...	34
34.	Other Tubercular Diseases	5	8	3	2	6	...	24
35.	Other Septic Diseases	...	3	...	2	2	...	7
	Total carried forward	31	41	13	10	55	7	157

TABLE J.—PERSONS.—*Continued.*

	GROUPS OF YEARS.						
	0–1	1–5	5–15	15–25	25–65	65 and over.	Total.
Brought forward	31	41	13	10	55	7	157
42. Alcoholism, Cirrhosis of Liver	...	...	...	..	8	1	9
46. Gout	...	...	...	...	1	2	3
47. Cancer, Malignant Disease	...	1	...	1	35	23	60
48. Diabetes	...	...	...	1	1	4	6
51. Pernicious Anæmia	...	...	..	...	...	1	1
53. Premature Birth and Imperfect Development ...	70	1	...	...	...	...	71
59. Marasmus	...	2	...	...	...	...	2
61. Rickets	...	1	...	...	...	...	1
62. Senile Decay	...	...	...	...	7	72	79
63. Convulsions	10	4	...	...	...	...	14
66. Apoplexy	...	...	...	...	10	13	23
68. Hemiplegia	...	...	...	...	...	3	3
69. General Paralysis of Insane	...	...	...	...	2	...	2
70. Other Forms of Insanity	...	...	...	...	6	2	8
75. Locomotor Ataxy, Tabes	...	...	...	...	1	2	3
76. Paraplegia	...	...	..	...	1	1	2
77. Diseases of the Nervous System	...	...	...	...	2	1	3
81. Heart Diseases	1	1	2	3	41	24	72
87. Cerebral Embolism	...	...	...	...	1	1	2
94. Bronchitis	12	3	...	...	11	17	43
Total carried forward	124	54	15	15	182	174	564

TABLE J.—PERSONS.—*Continued.*

		GROUPS OF YEARS.						
		0–1	1–5	5–15	15–25	25–65	65 and over.	Total.
	Brought forward	124	54	15	15	182	174	564
96.	Pneumonia	20	6	...	3	8	12	49
100.	Pleurisy	...	...	...	...	1	...	1
101.	Other Respiratory Diseases	...	...	1	1	3	1	6
105.	Gastric Ulcer	...	...	..	1	1	...	2
108.	Appendicitis	...	...	1	...	...	1	2
109.	Intestinal Obstruction	...	...	...	...	1	...	1
110.	Inguinal Hernia	...	...	...	...	...	1	1
112.	Gall Stones	...	...	...	...	1	2	3
113.	Peritonitis	...	...	...	...	1	...	1
114.	Other and ill-defined Diseases of the Digestive System	...	...	...	...	1	1	2
117.	Bright's Disease	...	...	...	1	10	1	12
119.	Prostrate Cystitis	...	...	...	...	...	1	1
120.	Other and ill-defined Diseases of the Urinary System	...	...	...	...	2	...	2
131.	Diseases and Accidents of Parturition	...	...	1	3	6	...	10
138.	Accidents	6	...	2	...	10	2	20
157.	Suicides	...	...	...	...	2	1	3
167.	Other ill-defined and not specified causes	...	...	...	1	2	2	5
	Uncertified	3	...	...	...	3	2	8
	Total	153	60	20	25	234	201	693

SUMMARY OF TABLES.

Showing mortality and rates at different ages, and from different classes of disease in 1907 compared with the average rates for the ten years 1897–1906.

	Totals.	Rate per 1,000.	
	1907.	1906.	1897-1906.
Deaths	693	10·0	12·0
Deaths under one year	153	...	...
Over one and under five ...	60	...	...
Over sixty-five	201	...	...
All Zymotic Diseases	65	0·94	1·71
Tubercular Diseases	58	0·84	1·07
Diseases of Lungs	99	1·44	1·75
Heart Diseases	76	1·1	1·10
Cancer, Malignant Disease ...	60	0·86	0·68
Injuries	23	0·33	0·33
From all other causes	312	4·52	5·31

SUMMARY OF SANITARY WORK

done in the Inspector of Nuisances Department during the year 1907.

		Number of		Abatement Notices.		Nuisances Abated after Notices by	
		Inspections and Observations made.	Defects found.	Informal by Inspector.	Formal by Authority.	Inspector.	Authority.
Dwelling-houses and Schools	Foul Conditions ...	476	151	151	21	126	18
	Structural Defects ...	672	229	229	12	205	10
	Over-crowding	32	6	6	5	1	5
	Unfit for Habitation ...	...	...	...	...	...	...
	Lodging-houses	...	...	...	...	...	...
	Dairies and Milkshops ...	254	3	3	...	3	..
	Cowsheds	94	12	12	1	11	...
	Bakehouses	139	37	37	...	37	...
	Slaughter-houses ...	147	22	22	1	21	...
	Canal Boats	...	...	...	...	...	...
	Ashpits and Privies ...	1933	232	232	57	169	46
	Deposits of Refuse and Manure	359	114	114	8	105	8
	Water-closets	1521	488	488	46	429	45
House Drainage	Defective Traps	671	204	204	6	197	6
	No Disconnection ..	157	49	49	4	45	4
	Other Faults	1601	406	406	36	360	35
	Water Supply	91	27	27	...	27	...
	Pigsties	...	...	...	...	...	...
	Animals improperly kept	187	39	39	19	17	19
	Offensive Trades ...	...	...	...	...	..	...
	Smoke Nuisances ...	29	2	2	...	2	...
	Other Nuisances ..	369	132	132	25	104	21
	Totals	8732	2153	2153	241	1859	217

Seizures of Unwholesome Food	
Samples of Food taken for Analysis	
,, ,, found Adulterated	
,, of Water taken for Analysis	
,, ,, Condemned as Unfit for Use	

PRECAUTIONS AGAINST INFECTIOUS DISEASE.

Lots of Infected Bedding Stoved or Destroyed	1337
Houses Disinfected after Infectious Disease ...	360
Schools ditto ditto ...	4
Prosecutions for not Notifying Existence of Infectious Disease	
Convictions ditto ditto	
Prosecution for Exposure of Infected Persons or Things	
Convictions ditto ditto	

Signed, ALBERT HODGES, Assoc. San. Inst.,
Inspector of Nuisances.

TABLE I.

Vital Statistics of Whole District during 1907 and Previous Years.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				Total Deaths in Public Institutions in the District.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
				Under 1 Year of Age.		At all Ages.						
		Number.	Rate.*	Number.	Rate per 1,000 Births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1897.	41,600	1,017	24·4	142	140	486	11·9	...	...	22	508	12·1
1898.	43,500	1,231	28·3	181	147	535	12·3	...	...	46	581	13·2
1899.	47,000	1,236	26·3	183	148	583	12·4	...	...	40	623	13·2
1900.	50,000	1,275	25·5	179	140	586	11·7	...	...	46	632	12·6
1901.	53,000	1,402	26·4	183	129	671	12·7	...	...	57	728	13·7
1902.	56,141	1,392	24·8	150	108	563	10·2	...	...	63	626	11·1
1903.	59,000	1,451	24·6	148	102	576	9·8	...	...	66	642	10·8
1904.	61,500	1,436	23·4	192	133	670	10·9	...	...	84	754	12·2
1905.	65,249	1,483	23·0	119	80	583	9·0	1	1	75	657	10·1
1906.	66,276	1,500	22·6	181	120	663	10·0	0	0	77	740	11·1
Averages for years 1897-1906.	54,326	1,342	24·9	165	124	591	11·0	1	1	57	649	12·0
1907.	69,122	1,516	21·9	153	100	626	9·0	0	0	67	693	10·0

* Rates in columns 4, 8, and 13 calculated per 1,000 of estimated population.

TABLE II.

Vital Statistics of Separate Localities in 1907 and previous years.

Year	BIRCHFIELD WARD				HEATHFIELD WARD				MURDOCK WARD				SANDWELL WARD				SOHO WARD				Deaths not distributed
	Population estimated to middle of each year	Births registered	Deaths at all ages	Deaths under 1 year	Population estimated to middle of each year	Births registered	Deaths at all ages	Deaths under 1 year	Population estimated to middle of each year	Births registered	Deaths at all ages	Deaths under 1 year	Population estimated to middle of each year	Births registered	Deaths at all ages	Deaths under 1 year	Population estimated to middle of each year	Births registered	Deaths at all ages	Deaths under 1 year	
1897	8,315	198	113	33	7,865	178	87	22	9,215	302	124	45	7,890	203	86	22	8,315	136	93	20	5
1898	9,270	277	113	40	8,019	184	84	21	9,588	358	152	66	8,098	249	112	36	8,525	163	101	17	19
1899	10,154	302	130	40	8,554	158	90	18	10,406	376	184	69	9,122	241	115	37	8,764	159	104	18	4
1900	10,480	293	136	44	9,034	178	91	26	10,994	380	177	58	10,145	263	120	28	9,347	161	105	23	3
1901	10,897	302	152	41	9,230	182	110	24	11,409	394	197	69	11,421	316	135	32	10,043	209	125	17	9
1902	11,555	326	103	31	9,506	176	105	18	11,514	352	161	45	12,809	336	141	35	10,667	202	116	21	...
1903	12,302	312	123	29	9,793	153	95	15	11,283	345	156	50	13,966	427	154	36	11,656	214	114	19	...
1904	12,886	336	155	43	9,720	153	93	17	11,996	348	195	64	15,368	387	178	51	11,530	212	133	19	...
1905	14,408	329	136	22	9,575	168	87	12	12,818	352	165	36	16,199	415	154	28	12,249	219	115	21	...
1906	14,776	360	175	51	9,614	152	114	23	13,032	369	169	48	16,605	425	177	44	12,249	194	105	15	..
Averages of years, 1897 to 1906	11,504	303	133	37	9,091	168	95	19	10,225	357	168	55	12,162	326	137	34	10,334	186	111	19	4
1907	15,696	375	140	30	9,864	150	110	14	12,987	376	162	41	17,788	432	174	51	12,787	183	107	17	...

TABLE III.

Cases of Infectious Diseases during the year 1907.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							TOTAL CASES NOTIFIED IN EACH LOCALITY.					NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.				
								Wards.					Wards.				
	At all Ages.	Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards	Birch-field.	Heath-field.	Mur-dock.	Sand-well.	Soho.	Birch-field	Heath-field.	Mur-dock.	Sand-well.	Soho.
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	..	..	...	...	...	...	...	...	...	...	..	...	...
Diphtheria (including Membranous Croup)	78	1	26	33	5	13	...	31	20	5	10	12	...	...	...	...	...
Erysipelas	50	4	1	1	7	26	11	8	9	11	16	6	...	...	...	...	..
Scarlet Fever	216	3	53	131	17	12	...	44	25	68	63	16	5	8	15	9	3
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	20	...	...	7	6	7	...	4	...	8	4	4	...	...	...	...	...
Relapsing Fever	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	..	...
Continued Fever	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...
Puerperal Fever	2	..	...	...	...	2	...	1	...	...	1	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	367	8	80	172	35	61	11	88	54	92	95	38	5	8	15	9	3

West Bromwich Borough Infectious Hospital 40 cases by contract.

TABLE IV.

Causes of, and Ages at, Death during year 1907.

Causes of Death.	Deaths in or belonging to whole District at subjoined Ages.							Deaths in or belonging to Localities (at all ages).					Deaths in Public Institutions in the District
								Wards.					
	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Birchfield.	Heathfield.	Murdock.	Sandwell.	Soho.	
Smallpox	...	..	...	...	...	...	...	...	...	...	...	...	...
Measles	18	6	12	...	...	...	..	5	...	8	4	1	...
Scarlet Fever	2	...	2	...	...	...	...	1	...	1	...	...	...
Whooping-cough ..	12	5	6	1	...	...	...	2	2	3	4	1	...
Diphtheria and Membranous Croup ...	11	...	3	7	...	1	...	2	6	...	1	2	..
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...
Fever { Typhus Enteric Other con'd }	4	...	...	1	1	2	...	1	...	3	...	...	...
Epidemic Influenza ...	13	1	2	1	...	6	3	3	...	1	2	7	...
Cholera	...	...	...	...	...	...	...	...	..	...	...	...	...
Plague	..	...	...	...	...	...	...	...	...	...	...	...	..
Diarrhœa	5	4	...	...	...	1	...	3	...	1	...	1	...
Enteritis	21	8	4	...	1	6	2	5	1	7	5	3	...
Puerperal Fever ...	1	...	...	...	...	1	...	...	...	...	1	...	...
Erysipelas	4	2	...	...	...	1	1	1	2	...	...	1	...
Other Septic Diseases	7	...	3	...	2	2	...	2	...	3	2	...	...
Phthisis (Pulmonary Tuberculosis)	34	...	1	...	4	29	...	11	13	18	9	7	...
Other Tubercular Diseases	24	5	8	3	2	6	...						
Cancer, Malignant Disease	60	...	1	...	1	35	23	13	11	5	20	11	...
Bronchitis	43	12	3	...	...	11	17	18	14	25	28	14	...
Pneumonia	49	20	6	...	3	8	12						
Pleurisy	1	...	...	...	...	1	...						
Other Diseases of Respiratory Organs ..	6	...	.	1	1	3	1						
Alcoholism Cirrhosis of Liver } ...	9	...	...	..	...	8	1	3	1	2	1	2	...
Venereal Diseases ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth ...	71	70	1	...	...	...	...	15	4	17	25	10	...
Diseases and Accidents of Parturition ...	10	...	...	1	3	6	...	1	1	3	4	1	...
Heart Diseases ...	76	1	1	2	3	44	25	19	14	16	16	11	...
Accidents	20	6	...	2	..	10	2	3	1	4	8	4	..
Suicides	3	...	...	...	...	2	1	2	...	1	...	...	...
All other causes ...	189	13	7	1	4	51	113	30	41	44	41	33	...
All causes ...	693	153	60	20	25	234	201	140	111	162	171	109	...

TABLE V.—INFANTILE MORTALITY DURING THE YEAR 1907.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
All Causes.	Certified	48	7	9	4	68	8	9	10	10	9	6	5	7	6	4	8	150
	Uncertified	1	...	...	...	1	1	...	...	...	...	...	..	...	1	...	...	3
Common Infectious Diseases.	Small-pox	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...
	Chicken-pox	...	...	...	..	...	..	...	...	...	...	...	...	...	...	...	...	...
	Measles	...	..	1	...	1	...	...	...	..	1	...	...	1	2	...	1	6
	Scarlet Fever	...	...	..	...	...	...	...	...	...	...	...	...	...	..	...	...	...
	Diphtheria: Croup	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...
	Whooping Cough	...		...	...	...	1	..	...	...	1	1	...	...	1	...	1	5
Diarrhœal Diseases.	Diarrhœa, all forms ...	...	...	1	1	2	...	...	1	...	...	1	...	...	...	...	...	4
	Enteritis (*not Tuberculous*)	...	...	...	...	...	...	1	1	1	2	1	...	1	...	...	1	8
	Gastritis, Gastro-intestinal Catarrh	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Wasting Diseases.	Premature Birth	35	5	4	1	45	...	...	2	...	...	...	...	...	...	...	...	47
	Congenital Defects	7	...	...	...	7	...	...	...	...	...	..	...	...	...	1	...	8
	Injury at Birth	3	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	3
	Want of Breast-milk ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Atrophy, Debility, Marasmus	3	...	2	...	5	2	2	3	1	1	...	...	...	...	1	...	15
Total carried forward		48	5	8	2	63	4	3	7	2	5	3	...	2	3	2	3	97

TABLE V.—INFANTILE MORTALITY DURING THE YEAR 1907.—*Continued.*

	CAUSE OF DEATH.	Under 1 Week.	1–2 Weeks.	2–3 Weeks.	3–4 Weeks.	Total under 1 Month.	1–2 Months.	2–3 Months.	3–4 Months.	4–5 Months.	5–6 Months.	6–7 Months.	7–8 Months.	8–9 Months.	9-10 Months	10–11 Months.	11–12 Months.	Total Deaths under One Year.
	Brought forward	48	5	8	2	63	4	3	7	2	5	3	...	2	3	2	3	97
Tuberculous Diseases.	Tuberculous Meningitis ..	...	..	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
	Tuberculous Peritonitis: Tabes Mesenterica	...	...	...	...	..	...	...	...	1	...	...	...	...	...	...	1	2
	Other Tuberculous Diseases	...	...	...	..	...	...	...	..	...	...	...	...	...	...	...	...	...
	Erysipelas	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	2
	Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Meningitis (*not Tuberculous*)	...	...	...	...	...	...	1	...	...	...	...	...	...	..	1	...	2
	Convulsions	...	2	1	1	4	1	...	...	3	...	1	...	...	1	...	...	10
	Bronchitis	...	...	..	...	...	1	2	...	1	1	1	1	2	...	1	2	12
	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...
	Pneumonia	...	...	...	..	...	2	1	2	3	2	1	3	3	1	...	2	20
	Suffocation, overlaying ...	...	...	...	1	1	...	1	1	...	1	...	...	...	...	...	...	4
	Other Causes	1	...	...	...	1	1	...	...	...	...	...	...	...	1	...	..	3
	Total	49	7	9	4	69	9	9	10	10	9	6	5	7	7	4	8	153

District (or sub-division) of Handsworth. Population (estimated to middle of 1907), 69,122.

Births in the year:—Legitimate, 1,501; Illegitimate, 15.

Deaths from all Causes at all Ages, 693.

TABLE VI.

PARTICULARS AS TO ACTIONS TAKEN UNDER FACTORY AND WORKSHOPS ACT, 1901.

1.—*Number of Workshops* on Register at end of 1907.

Miscellaneous trades	203
Workshop Bakehouses	41
Total ...	244

2.—*Inspections made.*

Number of Inspections	309
Written Notices sent	88
Prosecutions	0

3.—*Particulars of Defects found.*

Nuisances under Public Health Acts.	Found.	Remedied.
Want of Cleanliness	44	41
Want of Ventilation	5	5
Overcrowding	0	0
Want of Drainage of Floors ...	5	5
Other Nuisances	23	23
Sanitary Accommodation :—		
Insufficient	3	3
Unsuitable	8	7
Not separate for sexes ...	0	0
Totals ...	88	84

Three matters remediable under the Public Health Acts were referred by H.M. Inspector.

4.—*Out-workers.*

Number of Out-workers on list	41
Inspections of Out-workers' Premises ...	44
Premises Unwholesome or Infectious ...	2